12176

12219	CERTIFICA	ATE OF DEATH	1		Reg. Di	_	61	40
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		lived. If institution b. COUNTY				sian)
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)		c. CITY OR TOWN (If or				give nec	arest tow	n)
Phoenix d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION Stockton Road	life street address)	d. STREET ADDRESS Stockton		Mar y lan d	<u>a</u>		ON A	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) John	Middle Henry	Alban	4. DATE OF DEATH	Mon. 11	th	Do		Yeor 1960
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF 81RTH 7-28-1907		9. AGE (In years lost birthdoy)	Months	1 YEAR Days	Haurs Haurs	ER 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) Plasterer 13. FATHER'S NAME	self employed		đ	untry)	12.CIT		S.A.	COUNTRY
William H. Alban	214 COCIAL SECURITY NO.	Maggie :		Addr				
(Yes, no, or unknown) (If yes, give war or dates of service		Eleonora A	lban		bove			4.3
18. CAUSE OF DEATH [Enter anly one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which	per line far (a), (b), ond (c).] Cancer of Spin	nal Cord				ONS		TWEEN DEATH
gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	ions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 1	PERFO	ORMED?
= -	D. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	art I or Port	II of item 18.)			YES _] NO []

MEDICAL 20c. TIME OF INJURY Doy,

a. m.

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.)

21. I certify that I attended the deceased fram. Dec. 1948 and that death accurred at_

20d. INJURY OCCURRED Not while

at wark ot wark

Nov. 1 1960, that I last saw the deceased 4 A_M, fram the causes and on the date stated above.

ACTUAL

ADDRESS (Street, city or town, state) Cockeysville, Maryland 2 November 1960

PHYSICIAN'S NAME (Type)

Walter T. Kees

22b. DATE THEREOF 220. SURIAL, CREMATION, Burial (Specify) 1-4-60

22c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Memorial

22d. LOCATION (City, town, or county) Timonium

(Slote) Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

With

be-filed

should by the f

ond

Pages

and completely filled in

attending physician

After this certificate has been signed by use as the burial-transit

detached far

TO FUNERAL DIRECTOR:

15M 9/58

page 3 should be

the registrar

remayal

requires that the death certificate be executed within 24

funeral director, rs ofter death. Poge

Brooks Funeral Service Towson 4, Maryland 3

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CERTIFICATE OF DEATH

. 5	-	- 11	-	A.G. Date.	10.
Page director	d wif	M	1.	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b O. STATE b. COUNTY b. COUNTY	efore admission)
	Pe filed		1	terrimere county maryland saiting	idre
				RURAL and give negrest fawn)	nearest town)
er o	ploods			d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREFT ADDRESS d. STREFT ADDRESS	
19 th	2 sh			OR INSTITUTION	e. IS RESIDENCE ON A FARM?
0	puo	A	-	Garrell Road Garrell Road	YES MO
4 P	-				Day Yeor
i ii	Poges		-	(Type or print) WILMER GRANDISON Almony DEATH NOVEMBER	20 1960
\$			3.	lost birthday) Months Day	AR IF UNDER 24 HRS
p d	papers.		10	THOSE WIDOWED DIVORCED April 3, 1871 69 yrs.	
			100	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	OF WHAT COUNTRY?
e ex	carbon ofter de		12	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	5. A.
e p	ofter	-	13.	13. FATHER'S MAIDEN NAME	
fical	hours	1	125	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
death certificate b attending physician	72 hours	1		(If yes, give wor or dates of service)	11
th o	hin 7	~	-	NO - NONE LIGA RIMONY (SISTER) - SOMM	e address
deo	pleas			PART I DEATH WAS CAUSED BY	NTERVAL BETWEEN
the o	en t			IMMEDIATE CAUSE (6) PEONO - Vascular Accident (nemorrhage	4 010115
hot y	F &			14-4-3 × DUE TO) + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	6
2 B	any			Conditions, if ony, which gove rise to immediate (b) Hypertensive Arteriosekeratio Caralizyascular Disease	Chars
quir	c			cause (a), stating the under.	
Cion en s	Ono		z	lying couse lost. (c)	
hysi s be	vol,		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	PERFORMED?
7 9 P	emo	()			YES NO
AN:	o e c	~	CERTIFI	OR CONTRIBUTING THE CAUSE OF DEATH CONTRIBUTION MEDICAL EXAMINER)	
otte	o o .		3		A.3 (C1-A-3
19.0 E	mati		MEDICAL	Hour o. m. While of work of wo	ty) (Stote)
p ito	0 5 E		*		
Affe	riol ,			21. I certify that I attended the deceased fram May 1960, to Wember 1960, that I last	saw the deceased
TEN The	po po			alive an Microber 19, 1960, and that death accurred at 7:40 A.M., from the causes and an the control of the con	
C o	e de			ACTUAL Serves T (Mith). ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)	DATE SIGNED
Ded .	prio prio			SIGNATURE M.D. 100CNS WIJEL ICE.	11/20/60
RAL	registrar	17	L	PHYSICIAN'S Lames F. White Ir. Jarrettsville, Manylan	rd
moy be	- G G	1	220	22c. NAME OF CEMETERY OR CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
O E O	poge the re	63	-	Printed 11-23-60 W. LIBERTY METH. CEM. WHITE HALL, BALTIM	ORECO. Hd.
VS A15	(4)	11.	23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR 240	TURE
15M 10.			1	Kenneth W Orshum Stewartstoury, Pa, DATE NOV 22'60 autus 8. H	Janes .

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CERTIFICATE OF DEATH

12178

-									MAR. DI	11. 140.	
	PLACE OF DEATH o. COUNTY Baltimore		MARYLA	11	o. STATE	NCE (Where o	leceased live	d. If institution b. COUNTY	on: Residen	ce before o	admission)
	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Catonsville	its, write	c. LENGTH OF STAY IN	16	e. CITY OR TO Baltin		corporote l	imits, write RI	URAL and g	give neares	f fown)
	d. NAME OF HOSPITAL (If not in hospitol, OR INSTRUCTIONING Grove	tate	oddress)		d. STREET ADI	oress Edgewoo	d Ave	31	01-	6.2	IS RESIDENCE ON A FARM? ES NO A
	NAME OF FI DECEASED Hari (Type or print)	rst Y	Alfred	App	leton	4.	DATE DF DEATH	noM NoV		20 ^{Dey}	1960
5.	White Male White	7. MARR	DIVORCED		une 23,	1895	9. A	GE (In years stopphdoy) yrs.	IF UNDER Months		UNDER 24 HRS.
100	. USUAL OCCUPATION (Give kind of work during most of working life, even if refired Electrician	done 10b.	kind of Business or i hipyard	NOUST		ennsylv		1)	12. CIT	U.S	·A ·
13.	FATHER'S NAME Paul Appleton				14 MOTHER'S M	Paul					
1S.	WAS DECEASED EVER IN U. S. ARMED FO. n. no. or unknown) Yes 1917-1919	RCES? 16.	SOCIAL SECURITY NO.	17, INF	Hospita	1 Re	cords	Addr	ess		
	couse (o), stoting the <u>under-</u>	o) O	Hypostatic Pleurisy	Pne	umonia.					ONSET	AL BETWEEN AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING		ONTRIBUTING TO DEATH						EN IN PART	F	WAS AUTOPSY PERFORMED? ES NO
MEDICAL CERT	20°. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20°. TIME OF INJURY Month, Doy, Ye Hour a. m. p. m. 19°	ar 20d. In While		e. PLAC	E OF INJURY (Ho ry, street, office b	me, form, 120			(0	ounty)	(State)
	21. I certify that I attended the alive on NOV. 20 ACTUAL SIGNATURE H. I. Cholmo	ndele	onde Ce	eath a	occurred at 8	ADDI	, from the RESS (Street, VE SI	causes a city or town,	nd on the store)		
220	Burial, Cremation, 226. Date theree Burial 11/29/6		22c. NAME OF CEMETE Baltimor				Ltimo	(City, town, o	rylar	nd	(Stote)
23. V	funeral director's signature m. Cook-Blight, Inc	. 600	ADDRESS 9 Harford	Rd.		40. REC'D BY	REGISTRAR	24b. REGIS	trar's sic		A

by the funeral director, and 2 should be filed with the attending physician and completely fille Then please remove carbon papers. Pages vent within 72 bours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit the registrar prior to burial, crematian, or removal, and page 3 should be VS A1S (4) 15M 9/S5

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

The analysis	HTARD TO BILL	CERTIFICA	18851	
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	MASS CONTRACT			
		Committee Com		
	Andrews State State			
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Allerton Marine menter	e e programmi di majordore di			
	service of the Landon		close with the mail Tele	Line with published
			Morandorfo, Tolka	CATEUR

TO HOS

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH 12218 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Dallerre & MARYLAND	monstone Balling
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Overry - Mills 10 years	1 / Jullianne
7	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS. e. IS RESIDENCE ON A FARM?
7	Roservood St. M. Jelevil	1225 ONCONG COURS-OF COUNTRY YES NO []
	3. NAME OF DECEASED (Type or print) Christian	Last A DATE Manth Day Year OF DEATH NOV. 20 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. Manths Days Hours Min
	Jesus la White WIDOWED DIVORCED	2-12-30 10 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
8	NONE -	Bollinore U.S.H.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Sugare Howard Chron	Oughster Orveren During
		NFORMANT Address
		IGEHE HAIREY 7226 BRIDGEWOOD OR
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Lavia Bronchs) ONSET AND PEATH
	IMMEDIATE CAUSE (a)	(District)
		and il tration our ball land most
	Conditions, if ony, which gave rise to immediate	beach and a second
	couse (o), stoting the under DUE TO (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	606
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Н		PERFORMED?
		ED. (Enter nature of injury in Part I or Part II of item 18.)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	co. (Line native of injury in rate of root it of room to.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Haur a.m. While Nat while fo	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
	p. m. 19 of wark of work	
	21. I certify that (I) (this hospital) attended the deceased fram.	5/75 1956 to 1/20 1960 that (1) (we) lost
		deoth accurred at M, fram the causes and an the dote stated obove.
E.	22a. SIGNATURE	ATTENDING MED. STAFF
Н	Horry D. Huller	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) Harry G. Rutler, M.D.	22d. ADDRESS & Deving Mills
	Harry G. Butler, M.D.	Losewood dane ma,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	BURIAL NOV 23 1960 GARDENS OF	FAITH CEM, TRUMPS MILL RD MD,
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3	Webril Beas 18008 Former	DATENOV 23 60 arising S. Times

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CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution: Resider b. COUNTY	nce before admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Baltimore	corporate limits, write RURAL and	give nearest town)		
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Veterans Administration		d. STREET ADDRESS 3902 Southern A	venue	e. IS RESIDENCE ON A FARM? YES NO A		
3. NAME OF DECEASED (Served as First RICI (Type or print) RICHARD	HARD -Middle	ASHBURN 4. DA	ATE Month F EATH November	Day Year 22 19 60		
S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH July 5, 1877	9. AGE (In yeors lost birthday) 83 yrs.	Days Hours Min.		
13. FATHER'S NAME		STRY 11. BIRTHPLACE (Stole or fore gs Independence, 14. MOTHER'S MAIDEN NAME		J. S. A.		
Richard C. Ashburn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give wor or dates of service) SAW		Alice Davis NFORMANTClinical Re NH, BALTIMORE 18,		WARD DIVISIO		
4 / 5 X xxx578	JIMONARY EMBOL	ISM, RIGHT LUNG		INTERVAL BETWEEN ONSET AND DEATH LESS than I Hour 4 Days		
gave rise to immediate couse (a), stating the under- lying couse lost. (b)	gave rise to immediate couse (a), stating the under XXXIVATE THINGS					
PART II. OTHER SIGNIFICANT CONDITIONS COLD DISCOUNTED THE CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CA	etf.			PERFORMED? YES NO		
	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Port I c	or Port II of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while for	ACE OF INJURY (Home, form, 20f. ctory, street, affice bldg., etc.)	. (City ar town)	County) (State		
21. I certify that (* (this haspital) attended the deceased from Nov. 18 12:05 p. M. from the causes and an the deceased alive an Nov. 22 1960, and that death occurred at P. M. from the causes and an the						
220 SIGNATURE DO SOLLO	est me	ATTENDING MED. PHYS. DIRECTO 72d. ADDRESS		22b. DATE SIGNED 11/23/6		
JOHN D. TALBERT, M.D.			E 18,MD.FT.HOWAR			
230. BURIAL, CREMATION, 23b. DATE THEREOF BUTIAL (Specify) //-25-60	Baltimore Nat		OCATION (City, town, or county)	Maryland		
	09 ADDRESS Harfor	30/11/	2 0 100	S. Kraus		

after death. Page 4 g physician and campletely filled in by the funeral director, remave carbon papers. Pages 1 and 2 should be filed with TO HOS.

TO HOS.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in may be calculated by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 of the Stote Board of Health prior to burial, cremation, ar removal, and injury every within 72 hours ofter death.

VR A1S (4) 15M 9/59

STORY CONTROL OF STORY					
See Morania, M.S. Halaya Andrews (a) Verman Alabara Respondent (a) (a) Land (a)				•	
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	roletvia-ceraco).r				101
	CHARLES SHOWN	Dates 2			
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And Link ero follow and follows expending the first financial state of the	10,000,000		The State of	and the state of	
	Terminal office				
		e: 0 1 t)		Jan Barrell	Loim
				Alberta Colonia	

rs after death. Page 4

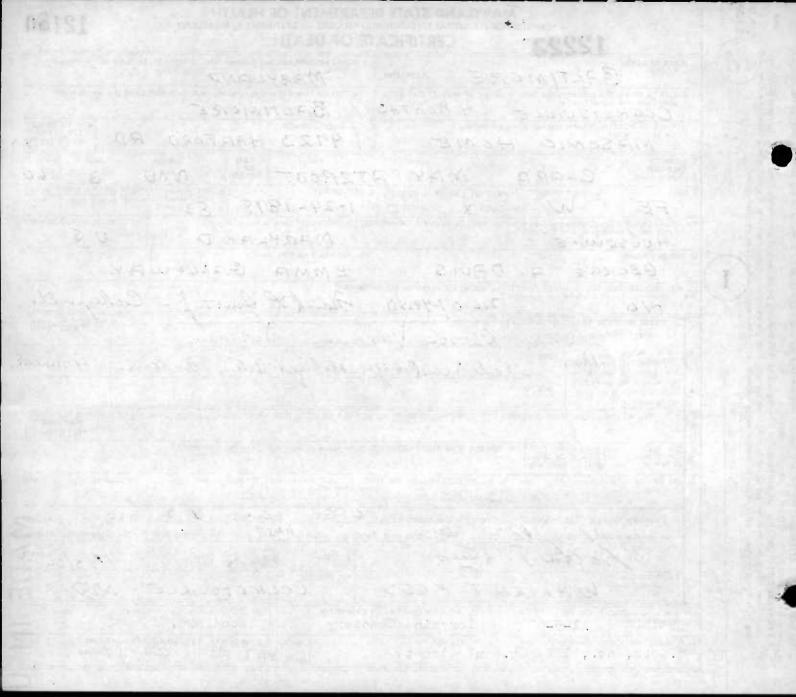
and 2 should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 introduced by the haspital or attending physician. may be strained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Then please remave carban papers. Pages 1 72 hours after death. and in any event, page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, ar removal,

TO HOS VR A1S (4) 1SM 9/S9

	2223	CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH o. COUNTY	ALTIMOR		O. STATE MARY	ere deceased lived. If institution b. COUNTY	Patt.
RURAL and give nea	outside corporate limits, write rest town) YS UILLE	C. LENGTH OF STAY IN 16	1/ 2-	utside corporate limits, write RU	RAL and give nearest town)
OR INSTITUTION	CONIC H	oddress) OME	d. STREET ADDRESS	HARFORD	RD. ON A FARM?
3. NAME OF DECEASED (Type or print)	CLARA	MAY A	TZRODT	4. DATE Month OF DEATH	V 3 1960
S. SEX	6. COLOR OR RACE 7. MARI		1-24-18	last birthdov)	Months Doys Hours Min.
10a. USUAL OCCUPATION during most of working HOUSE	g life, even if retired)	KIND OF BUSINESS OR INDUS	A	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME GEOR	CE A. D	AUIS	EMMA	GALLOL	JAY.
1S. WAS DECEASED EVER (Yes, no, or unknown) (If	yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN 16-07-49150	Fland X.	South f	"Cochequelle
PART I. DEATH	H [Enter only one cause per li H WAS CAUSED BY: MMEDIATE CAUSE (o)	ne for (o), (b), and (c).	ecular 1	Iseane	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony gove rise to im couse (o), stoting the lying couse last.	mediote Dus TO	lebual & g	eneralized	Orterio Delle	eci 4 mont
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE). (Enter noture of injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 20d. I While of wor	Not while fac	ACE OF INJURY (Home, farm story, street, office bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify that saw the decease		ded the deceosed from.		M, from the couses and	d on the dote stated obove
22a. SIGNATURE	alto T.	Cus		ED. STAFF PHYS.	10/3/60 DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	WALTER	T. KEES	22d. ADDRESS	KEYSUILLE	MD
23a. BURIAL, CREMATION BEINDYAL (Specify)	23b. DATE THEREOF 11-5-60	23c. NAME OF CEMETERY O Lorraine Cen		23d. LOCATION (City, town, o Woodlawn, Mc	
Wm. Cook, Inc	SIGNATURE 1217 St.P	ADDRESS aul Street	25a. REC'I		TRAR'S SIGNATURE

DATE NOV



VS- A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12224

CERTIFICATE OF DEATH

	2	1	0	
_		and the		~

Rea. Dist. No

1. PLACE OF DEATH	altimore		MAR	YLAND 2	O. STATE	NCE (Where decea	sed lived. If institu b. COUNT	ion: Residence	t imor	nission)
b. CITY OR TOWN RURAL and give r Catonsvi	(If outside carporate limit searest town)	s, write	c. LENGTH OF STAY	IN 1b		WN (If outside cor atonsvi	porate limits, write	RURAL and g	ive nearest to	own)
OR INSTITUTION	the Pines			0	1 N.Sy	mington	Ave.	28)	10	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	fin Chai	_	Albert		st i n	4. DATE OF DEAT		nber	Day 28.	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE			ar.16,	1874	9. AGE (In years lost birthday) 86 yrs	IF UNDER Months		NDER 24 HRS.
100. USUAL OCCUPATI during most of wor Salesman 13. FATHER'S NAME	ON (Give kind of work or rking life, even if retired)	100	ed Business	OR INDUSTR	Y 11. BIRTHPLAC	CE (State or foreign		12. CITI	S.A.	IAT COUNTRY
Thomas	G. Austin				Jose	phine D	emarest			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO). 17. INFO				dress		
no or unknown)	(If yes, give war or dates of se		3-03-2369	9 Mr	s. Rose	L. Aust	in 1 N.	Symin	gton	Ave.,
CATI	the under DUE TO (c)	DITIONS CO						IVEN IN PART	PER	AS AUTOPSY RFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY (OCCURRED. (Enter nature of i	njury in Part I ar P	art II of item 1B.)			
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Day, Yea	While at work	Not while at work	20e. PLACE factor	OF INJURY (Ho y, street, office b	me, form, 20f. (C ldg., etc.)	ity or town)	(C	(aunty)	9/60 (Stote)
21. I certify I	M. Paul I	decease , 19 46 Byerl	gul	t death o	7960 ccurred at 5		am the couses (Street, city or town	and on th		ated above DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEM			4111	CATION (City, town,	or county)	(S Md	itate)
23. FUNERAL DIRECTOR	ssignature Strong 320	07 W.	ADDRESS North A		2	46. REC'D BY REG	ISTRAR 24b. REG	ISTRAR'S SIG	Thank	

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of I statement we.		
W. L. B. T. S. T.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1, PLACE OF DEATH								
o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who g. STATE Maryl	- h	If institutio	-	before admiss	ion)
b. CITY OR TOWN RURAL and give	(If outside carporote limits, nearest town) Catonsville		c. CITY OR TOWN (If or Catonsville	utside corporate lim	nits, write RL	JRAL ond give	nearest town	1)
d. NAME OF HOSP OR INSTITUTION	8 N. Beechw		d. STREET ADDRESS 8 N. Beechw	ood Avenu	ıe	Ĭ		FARM?
3. NAME OF DECEASED (Type or print)	RUT	Middle H	BACON	4. DATE OF DEATH	Nov	ember		Year 19 60
s. sex Female		MIDOWED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 6, 1889	last	E (In years birthdoy) yrs.		YEAR IF UNDI	R 24 HRS Min.
	ION (Give kind of work do rking life, even if retired)	one 10b. KIND OF BUSINESS OR INDL	Hazelton,		rania	12. CITIZE	N OF WHAT	OUNTRY
13. FATHER'S NAME Christoph	er C. Heller		Enna G. Dod					
1S. WAS DECEASED EV (Yes, no. or unknown) No	ER IN U. S. ARMED FORCE If yes, give war or dates of serv	rice)	nformant Ar. John F. Ba	con-Belfa	Addr ast Ro		ark, M	d.
	ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per line for (o), (b), and (c).]	Central 1	monte	any		INTERVAL BE	
Conditions, if gave rise to			any Cardio Y		•	SAM	15	-400
couse (a), stating	the under- DUE TO					E-USR.		
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PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN	THER SIGNIFICANT COND AS UNDERLYING COLOR CAS UNDERLYING COLOR CAS UNDERLYING COLOR CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year	STIONS CONTRIBUTING TO DEATH BU STATES MULTINS, Ob. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20d. INJURY OCCURRED	T NOT RELATED TO THE TERMI	NAL DISEASE CON OF	DITION GIV		YES T	RMED?
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and 2 shauld-be filed with TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board at Health prior to buriol, crematian, or remaval, and in ony event, within 72 hours ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rained by the haspital or attending physician.

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TO HOS VR A1S (4) 1SM 9/59

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y the fu	090		OR INSTITUTION	sville A (If not in hospital, g the Pines		10 yrs		d. STREET AD	DRESS	g Ave	nue			S RESIDENCE ON A FARM? ES NO
24 hours			NAME OF DECEASED (Type or print)	Fir	rst	Middle aboden Bax		Last		4. DATE OF DEATH	٨	Month Tovember	Day 23	Year 1960
within 2 stely fill: Pages er death		5. 5		6. COLOR OR RACE White		ED NEVER MARRI	ED B	Oct. 12	7 00		9. AGE (In year	IF UNDER 1	YEAR IF	UNDER 24 HR
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ertificate k physician remove car ent, within		15. Ye	WAS DECEASED EVER	hn Imboder IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16. 5	SOCIAL SECURITY NO). 17. IN	FORMANT Man	ry Jo	sepje	ne Lari	<u>en</u>		Md.
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sician. signed by the atternance signed by the atternance remayed, and in a		NO	Conditions, if on gave rise to in cause (o), stating t lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which amediate		ONTRIBUTING TO DE	De,	lerex,	THE TERMIN			GIVEN IN PART	/O	WAS AUTOPS
ling phy tre has b burial-t	0	CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O		. (Enter nature of		ort I or Port	II of item 1B.)			ES NO
PHYSICIAN tal ar attend this certifical ruse as the ruse to buriol, or to buriol,		MEDICAL CE	Hour o.m. p.m.	Month, Doy, Ye	While of work	Not while	fact	CE OF INJURY (Ho tary, street, affice b	bldg., etc.)	20f. (City			ounty)	(Stat
ATTENDING by the hospii CTOR: After detached for f Health prior			21. I certify that saw the decease 220. SIGNATURE	(I) (this haspita	1) attend	ed the deceased 2 1960, and	that de	eath accurred	012 1	M, fram D.	the causes	and an the	2, that date st	(1) (we) la ated abave 22b. DATE SIGNI
OR ined RAL DIRE should be e Board o			23c. PHYSIC AN'S NAME (Type)	James G.	Howel	1	^	A.D. PHYS.	S	^	70-C	Re	1	1-23
moy be FUNERA page 3 sh	0	230	REMOVAL (Specify)	23b. DATE THEREO	0F 060	23c. NAME OF CEM		CEMATORY Cemetery			TON (City, tow	city.	ма	(State)
VR A15 (4)	B	24.	FUNERAL DIRECTOR'S			ADDRESS	Alle Call	. Md.		DE REGIST	RAR 2Sb. R	EGISTRAR'S SIGI	NATURE	

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CEPTIEICATE OF DEATH

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		CERTIFIC	AIL OF BLATT		
PLACE OF DEATH				here deceased lived. If institution:	Residence befare admission)
	Baltimore	MARYLAN	o. STATE Md.	b. COUNTY	Baltimore
b. CITY OR TOWN	(If autside carporate limit	s, write c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	autside carporate limits, write RURA	AL and give nearest town)
RURAL and give	Pikesville	Lifetime	Rural Pi	kesville 8. M	d.
	PITAL (If not in hospital, gi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1		oad.Pikesville	4523 Old	Court Road	YES NO
NAME OF	Firs		Last	4. DATE Month	Day Year
(Type ar print)	William	G.	Baxter	DEATH NOV. 3	0 1960
SEX		7. MARRIED NEVER MARRIED		9 AGE (In years IE	UNDER 1 YEAR IF UNDER 24 HR
Male		WIDOWED T DIVORCED		872 last birthday) N	lanths Days Haurs Min.
a. USUAL OCCUPA	TION (Give kind af wark d	ane 10b. KIND OF BUSINESS OR IN			12. CITIZEN OF WHAT COUNTR'
	arking life, even if retired)		Baltime	re Co Md.	U.S.A.
B. FATHER'S NAME	1100		14. MOTHER'S MAIDEN		U.D.A.
Tahn	Baxter		Salome	Poth	
	VER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 11	, INFORMANT		Pikesville 8
Yes, no. or unknown)	(If yes, give war or dates of se	rvice)			dime.
	None		Mrs. Mamie E	b. Daxter, 472	
	EATH [Enter only one cau EATH WAS CAUSED BY:	use per line far (a), (b), and (c).]	11 1		ONSET AND DEATH
PAKI I. D	IMMEDIATE CAUSE (a)	Myolardin	mfarct	~ o n	4day
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Canditians, if		Generalized	Alterioscle	NUL	21647
gave rise to cause (a), statin	DITE TO				
lying cause las					
PART II. C	THER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPS PERFORMED?
					YES NO
PART II. C	WAS UNDERLYING I	206. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I ar Part II af item 18.)	
OR CONTRIBUTION	FY MEDICAL EXAMINER)				
20c. TIME OF INJ	URY Manth, Day, Yea	r 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Hame, far	m, 20f. (City or town)	(Caunty) (State
Haur a.m	1.	While Not while	factory, street, affice bldg., et	rc.)	
p. m		at wark at wark	0/	h- 11 7 -	1
21. 1 certify t	nat (I) (this haspital)) attended the deceased fro		-	, 19.60, that (1) (we) la
	ased alive an	30 19 00, and the	it death accurred at 119	5 A from the causes and	
220 SIGNATURE	2		ATTENDING	MED STAFF	22b, DATE SIGNE
augu	Momor	vaux.		DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type		Ramapuram t	22d. ADDRESS 3	56 2 (groydon	Rd, ruta7/17
3a. BURIAL, CREMAT		F 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tawn, ar o	caunty) (State)
REMOVAL (Speci	Dec. 3.1	960 Druid Ri	dge Cemeter	v Pikesville	8. Md.
	Dec.3,1	960 Druid Ri	dge Cemeter		8 Md a

ofter death. Page 4 ges 1 and 2 shauld be for OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mpletely may be revolved by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon perfect the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 has TO HOSP VR A1S (4) 1SM 9/59

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, cremation, ar remaval, operating event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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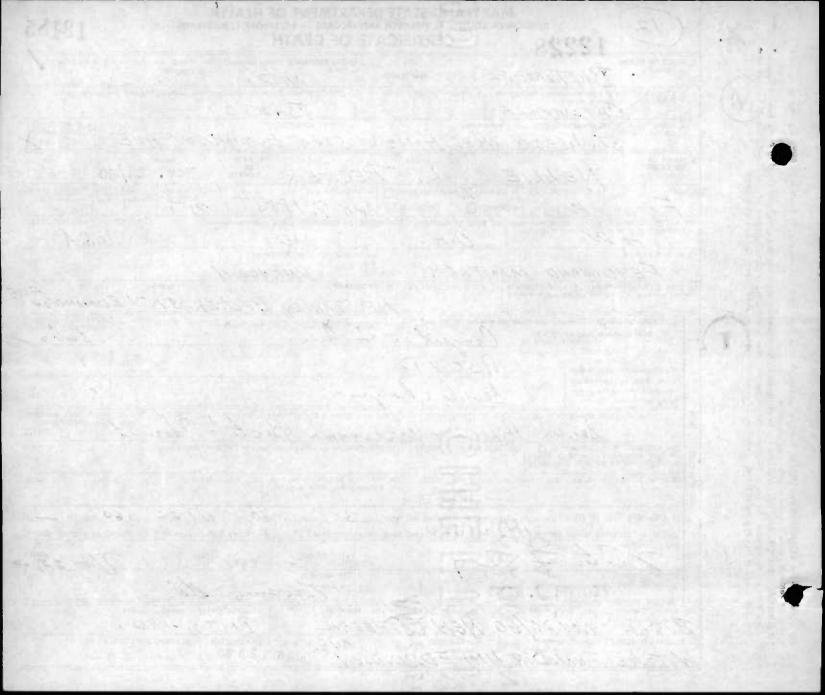
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY BAFTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SI, JOSEPHS WORS, HOME	3/1 & EDMONDSON AVE YES NO
3. NAME OF DECEASED (Type or print) NELLIE L,	BECKER DEATH NOV. 22/60 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of the state of the st
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of yorking life, even if retired)	MDI US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FERDINAND MANTLER.	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war ar dates of service)] (If yes, give war ar dates of service)	INFORMANT Address AL
M	IR, STANKEY BECKER, SINY EDMONOSON
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Failure INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) 1750 V 1)	
gove rise to immediate couse (o), stating the under-lying couse lost.	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	enoma - Bectal - Harmed YES NO P
	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or Iown) (County) (State) octory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram.	3 1960, ta 1/1/22, 1960, that (1) (we) last
saw the deceased alive on 1/122 1960 and that	death occurred atM, fram the couses and on the date stated above.
220. SIGNATURE	M.D. PHYS. GIRECTOR PHYS. STAFF
22c. PHYSICIAN'S NAME (Type) VICTOR F. KING	22d. ADDRESS
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY) NOV. 26/60 NEW CATH	OR CREMATORY 23d. LOCATION (City, town, or county) (State) BALTO, MD,
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	AVE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
WITZEE FUN. DIR. 4101 EDMONE	DSON DATE NOV 28'60 arthur S. Known



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TO HOST COR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	Z.y may be explained by the hospital ar ottending physician.	directar	page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	N
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	CERTIFICATE OF DEATH
h	ACE OF DEATH COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. Baltimore
	cITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Relay C. LENGTH OF STAY IN 1b Relay Relay
	NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1726 Arlington Avenue 1726 Arlington Avenue 1726 Arlington Avenue 1726 Arlington Avenue
3.	AME OF First Middle Lost 4. DATE Manth Day Year Print) Lena M. Beckhusen Death Nov. 8, 19
) f	**Mark 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 78 yrs. 9. AGE (In years lost birthday) 78 yrs. 1882 9. AGE (In years lost birthday) 78 yrs. 1882 1882 1882
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B and O R.R. Maryland 12. CITIZEN OF WHATCOUN U. S. A.
	ATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis C. Beckhusen Lena Petzel
	no (If yes, give wor or dates of service) none Emma T. Elliott 1726 Arlington Ave. #2 B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stating the under- lying cause lost. ONSET AND DEAT Unification ONSET
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (FURART 1(a) 19. WAS AUTO PERFORMED YES NO ON CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Part II. OTHER SIGNIFICANT CONDITIONS YES NO ON CONTRIBUTING CAUSE OF DEATH ON CONTRIBUTION CA
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While at wark at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from 1960 that (I) (we) saw the deceased alive on 1960 and that death occurred at 1960, M, from the couses and on the date stated obcords. SIGNATURE 22b. DATENDING MED. STAFF
1	M.D. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTO
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) LOUGON Park Cemetery Baltimore, Maryland UNERAL DIRECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR'S SIGNATURE

NOV 1 4 '60

DATE

Circhun S. Kraus

24. FUNERAL DIRECTOR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Avenue

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16610	CERTIFICA	AIE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Md .	b. COUNTY	Residence before odmission) Baltimore
	ethorpe)	c. CITY OR TOWN (If outside corpo	prote limits, write RURA	
d. NAME OF HOSPITAL (If not in hospital, give strong National Nati	cis Avenue	1014 Francis	Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Daisy	May B	2 Clary 4. DATE OF DEATH	Manth	17 Day Year
Camala salatta	THE LANGE THE PARTY OF THE PART	B. DATE OF BIRTH April 8,1888	111111111111111111111111111111111111111	UNDER 1 YEAR IF UNDER 24 HRS lanths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 1 during most of working life, even if retired) NOUSEWIIE	0b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of Maryland	auntry)	12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME Albert B. Carson		14. MOTHER'S MAIDEN NAME Ella Scheimer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war ar dates of service)	_	NFORMANT rederic Beitler	Address 1014 Fran	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CONTRIBUTING OR		NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN	
20c. TIME OF INJURY Manth, Day, Year 20c. Haur a. m.	d. INJURY OCCURRED 20e. PL far wark at wark at wark at a wark	accurred at 1 P. M. fram	y ar tawn)	
PHYSICIAN'S James Howel 220. Burial, CREMATION, REMOVAL (Specify) Burial 11/21/60	22c. NAME OF CEMETERY O	Cemetery Bal	rick Aver	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard 41	O7 Wilkens Av	renue 24a. REC'D BY REGIS	60 246. REGISTRA	AR'S SIGNATURE

s after death. Page 4 Pages 1 and 2 should be Elicator, may be refained by the haspital ar atlending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hauss after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VS A1S (4) 1SM 9/SB

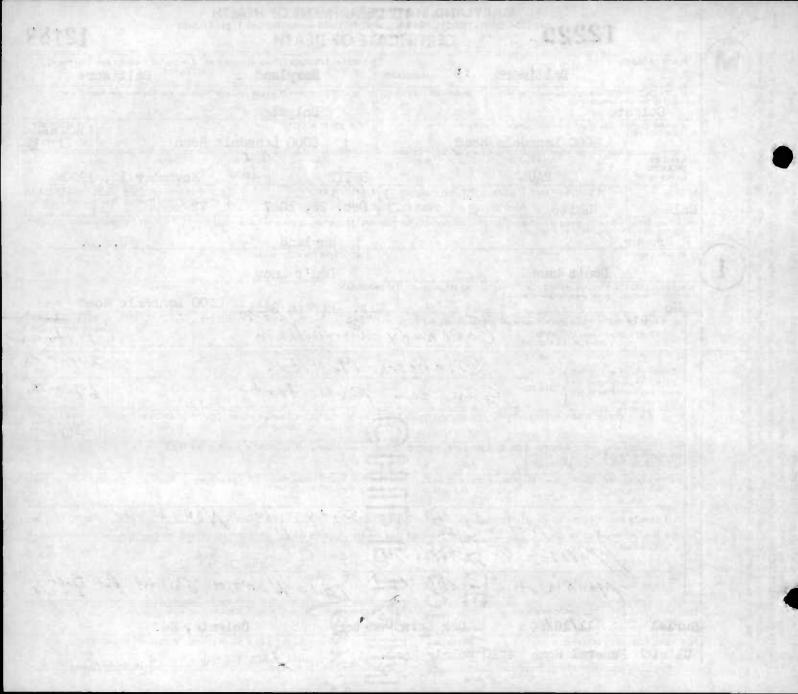
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ng islan	n Lill Frederick from	Corne Howell, H. 1.	
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	ALTEVAN		

12188

		CERTITION	TE OF DEATH		1010
1. PLACE OF DEATH o. COUNTY	Baltimore	e MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institution b. COUNTY	n: Residence before admission) Baltimore
b. CITY OR TOWN RURAL and give Colgat		c. LENGTH OF STAY IN 16	Balgate	itside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street N 8000 Lansdale	A TOTAL CONTRACTOR	d. STREET ADDRESS 8000 Ls	ansdale Road	e. IS RESIDENCE ON A FARM? YES □ NO ☑
3. NAME OF DECEASED (Type or print)	First PAUL	Middle	Lost BEITZ	4. DATE Month OF DEATH Novem	Doy Yeor ber 12, 196019
S. SEX		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HE
Male	White wido	WED DIVORCED	Dec. 25, 188	7 lost birthdoy) 72 yrs.	Manths Days Hours Min.
during most of we Brewer	TION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of	r foreign country)	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	Don't know		Don't kno	OW	
1S. WAS DECEASED E	VER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	NFORMANT	Addre	ess
No.	(If yes, give wor or dates of service)	I I	Irs. Theresa Be	eitz 8000 Lan	sdale Road
18. CAUSE OF D	DEATH [Enter only one cause per		Embolisi		INTERVAL BETWEEN
Conditions, if	(0)		Mellitus		2 years
couse (a), statin	ng the under. DUE TO	Gangrene	Right Fro	1	6 ments
PART II. C	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT N	WAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Port II of item 18.)	
20c. TIME OF INJ Hour o. m	n. Whi		LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Sto
21. I certify the	hat (I) (this haspital) atte	ended the deceased fram.		/ /	d an the date stated above
220. SIGNATURE	Monis 6	- Jneoh Mrs	ATTENDING ME	D. STAFF	22b, DATE SIGN
22c. PHYSICIAN'S NAME (Type	MORRIS A.	Jacobs M.	D 22d. ADDRESS / B 10 N	ORTH POI	nt fol Bulk
230. BURIAL, CREMAT REMOVAL (Speci Burial	11/16/60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, o Colgate, Md.	
24. FUNERAL DIRECTO		ADDRESS 210 Belair Road.			TRAR'S SIGNATURE

A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 elained by the haspital or attending physician.

VR A1S (4) 1SM 9/59



FOR STATE HEALTH DEPT 1, 2, and 3 to the first director. Page Page 5 may be ret. A for your files. I and 2 with the State Board of Health,

72 haurs ofter death.

or its designated agent, priar ta burial, cremation, or removal, and in any event

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12189

	7 ~ ~ () ()							P	teg. Dist. 140		
I. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	o STA	L RESIDENCE (VATE Mary				Residence be		ission)
and give nearest town	outside corporete limits, write		c. LENGTH OF STAY II	t 1b c. CIT	Y OR TOWN (III BOWL		porote limits. Quarter		RAL and give n	earest tov	wn)
	ox 647 Rt.	- 4	pital, give street address)	d. 311	Pox.	647 F	8t. 1/4			ON	A FARIA?
3. NAME OF DECEASED (Type or print)	Fir Josi		Middle E •	Biddi	lost Son	4. DATE OF DEATH		Month Vemb	per 1		eor 9 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED		BIRTH 5, 1897		9. AGE (In yelgst birthday)		UNDER TYEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of working Chauf 13. FATHER'S NAME	g life, even if retired)		IND OF BUSINESS OR II unty Highwa	ys	Balto.	Co. Mc			12. CITIZEN O USA		COUNTRY
	Thomas A.	Pidd:			Fl	or enc	e Earl				
15. WAS DECEASED EV [Yes, no, or unknown) NO	ER IN U. S. ARMED FO (If yes, give war or dates of	service)	19-20-9516	Mr. Geo		Biddis		dress D.	14 Box	588	(20)
Conditions. If o gove rise to imme (o), stoting the couse lost. PART II. OTH	diote cause DUE TO (c)	DITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATE) I.S.e.	NINAL DISEAS	E CONDITION	I GIVEN I			AUTOPSY PRMED? NO D
PART II. OTH	AIKIBUIING LI		HOW INJURY OCCUR	0 1	10				1		
20c. TIME OF INJUI	RY Month, Doy, Yeo	While	NJURY OCCURRED 200 rk of work of work	foctory, street,	office bldg., elc	20f. (Cit)	y or lown)		(County)		(State)
			emoins described ouses Accided	M.D. CH	on Autops icide	Homicide XAMINER			ined monne		d in my
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CREMATO	RY	22d. LOCA	TION (City, to	wn, or co	ounty)	(State	e)

TO DEPL MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delease execute me certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 ta the 14 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be religiously FINERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St VS. A15ME 5M 2/57

ATABORD BEAD AND SERVICE OF THE CATE OF DEATH

		ASH 30 TO			
IRI 21		1137332	SON MEDICAL EXAMINERES	ST	TIATE SE
			Mill Conflict for		
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			DESCRIPTION OF THE STATE OF THE		

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reward by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remains agreed to burial, crematian, ar remainly and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

1		12231		CERTII	FICA	TE OF DE	ATH			Reg. Di	ist. No.	
	ACE OF DEATH COUNTY B	altimore		MARYL			Iaryl		d lived. If institut b. COUNTY			odmission) Ltimore
b.	CITY OR TOWN (IF RURAL and give need Catons	outside carparate limi irest form) VIIIe	ts, write	c. LENGTH OF STAY I					Mary land		give neare	st town)
d.	NAME OF HOSPITA OR INSTITUTION SPRING GI	COVE STAT		oddress) OSPI. TAL		/ d. STREET ADD		y Roc	k Rd.		130	IS RESIDENCE ON A FARM? (ES NO
DI	AME OF ECEASED ype or print)	Harry	st	Middle E •		Lost 4. DATE OF DEATH		No	vembe:	Day r 30	Year 19 60	
5. SE	x ma.le	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIE		Sept.	, 18	78	9. AGE (In years last birthday) 02 yrs.	IF UNDER		UNDER 24 HRS. fours Min.
0a (USUAL OCCUPATION during most of working mechan	ng life, even if retired	dane 10b	. KIND OF BUSINESS OF	NDUST	n.e	E (Stote o		ountry)		S. A	WHAT COUNTR
3. F/	ATHER'S NAME					14. MOTHER'S M.	AIDEN NA	ME		124314		
		O. Blair				Mol	llie	Berge	en			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			Add	lress		
u	nknown			unknown	Re	cords:	SPRI	NG C	ROVE ST	TATE	HOSP	ITAL
	gove rise to im cause (a), stating the lying cause lost.	ne under- DUE TO)	CONTRIBUTING TO DEA	Ter Bull his		IC TERMINA	015545	5 COLINE IO			
CERTIFICATION	PART II. OTHE	K SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	IH BUT NO	OT RELATED TO TH	1E TERMIN	AL DISEAS	E CONDITION GI	VEN IN PAR		PERFORMED? ES NO 🔯
	POG. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	Enter nature of in	njury in Pa	rt I or Por	t II of item 18.)			
MEDICAL	Oc. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	20d. While at wo	Not while	20e. PLAC facto	E OF INJURY (Hory, street, office bl	me, form, dg., etc.)	20f. (City	or town)	(1	County)	(State)
		t I attended the v. 30	decea , 19 Ua	Jea mam.	• 26 death a	רדיםמים	1:35e		0 19 60 in the causes of treet, city or town, STATE	and an t	he date	stated above DATE SIGN
P	PHYSICIAN'S S	tella Wach	sler	, M. D.		Cato	nsvil	le 2	8, Maryla	nd		
22o.	BURIAL, CREMATION	, 226. DATE THERES	F	22c. NAME OF CEME	TERY OR	REMATORY	7	2d. LOCA	TION (City, Jawn,	or county)	7 ,	(State)
1	JUNEAU DIRECTOR'S	12/3/0	00	ADDRESS 2	Dean	ellery		BY REGIST	arte,	STRAR'S SI	111	1.

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY	altimore		MARYLAND	2. USUAL RESIDER	NCE (Who	ere deceased live	d. If institution b. COUNTY	: Residence be	fore admiss	sion)
		outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		WN (If or	utside corporate l	imits, write RU	RAL ond give n	earest town	1)
	- 13	rville		7 yrs.	Bal	time	ore		31	01.	-4
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)	d. STREET ADD	ORESS		100		e. IS RES	FARM?
		ge Manor			148	3 W.	Lanval	Le St.			NO
3.	NAME OF DECEASED	Fir	st	Middle	Lost		4. DATE OF	Month		Day	Yeor
	(Type or print)	Chaund		H	Blodget	t	DEATH	Nov	.]	11	1960
5.	SEX		7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	700	9. A		Months Days		
	M	W	WIDOWI	ED DIVORCED	3-23-18	570		90 yrs.	Months Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLAC	E (Stote	or fareign country	()	12. CITIZEN	OF WHAT O	OUNTRY?
	Ministe				Pawtu	icke	t, R.I	•	U.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME				
	Willia	m Winthro	n B	lodgett	Salo	me	Kinsler	7			
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		NFORMANT			Addre	55		N-H-
(14	no, or unknown) (If yes, give war or dates of s	ervice)	A	. Zeller	R.	N. Co	llege	Manor	2	
F		TH [Enter only one co	use per lin	ne for (o), (b), and (c)					IIN	ITERVAL BE	TWEEN
CERTIFICATION	20a. ACCIDENT WA	the under- DUE TO (C) ER SIGNIFICANT CON S UNDERLYING [7]) DITIONS C	CONTRIBUTING TO DEATH BU					N IN PART 1(0)	PERFC	AUTOPSY PRMED?
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While of wor	Not while fo	ACE OF INJURY (Ho actory, street, office b	me, farm, ldg., etc.	20f. (City or to	own)	(Count	у)	(Stote)
	21. I certify tha	t (1) (this haspital) attend	led the deceased fram.	ach	19	45, ta_/	lov.	1, 1960	that (I) (we) last
11	saw the deceas	ed alive an M	TAL	1960 , and that	death accurred	at// 2	M. from the				
	22c. PHYSICIAN'S NAME (Type)	MA	To	ody	M.D. ATTENDING PHYS. 22d. ADDRESS	☐ ME		AFF -	11/12 e B		b. DATE SIGNED
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, town, or	county)	(Stol	e)
	Burial	11-1/	-60	Greenmour	nt		Baltin	more		Md.	
24.	FUNERAL DIRECTOR'S			ADDRESS	2:	5a. REC'E	BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	77
I	I.W.Jenki	ns & Son	s Co	.4905 York 1	Rd.	ATE NO		100			
				Balto. 12,	Ed.	MU	1 6 '60	C./	hun S. Kis		
						4			a. The	uud .	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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arthur S. Kinne

	42	12233		CERTIFIC	ATE	OF DE	ATH			R	Reg. Dist.		LVI	
	PLACE OF DEATH o. COUNTY Baltimor	e		MARYLAND	0.5	AL RESIDER		ere deceased	d lived. If ins b. COL		Residence Balt:			ion)
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. C		WN (If o	utside corpo	role limits, w	rite RUR	RAL and giv	e nea	rest town	1)
	d. NAME OF HOSPITA OR INSTITUTION House in			onsville, Md.	1	STREET ADD		Driv	e					FARM?
3	NAME OF DECEASED (Type or print)	Henry P. B	oetto	Middle		Lost		4. DATE OF DEATH		Month Nove	ember	23	,	Year 19 6
S	. SEX M	6. COLOR OR RACE	7. MARE	NEVER MARRIED DIVORCED DIVORCED		OF BIRTH . 19,	187	9	9. AGE (In)	rears IF doy) A yrs.	Months D	YEAR	Hours Hours	Min.
1	On. USUAL OCCUPATION during most of work School Te	ing life, even it refired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLAC		or foreign co	ountry)			S.		OUNTRY
1	3. FATHER'S NAME	nknown			14. M	Augu			ttcher					
	S. WAS DECEASED EVER Yes, no. or unknown)	IN U. S. ARMED FO If yes, give wor or dates of	service)		Mrs.		Нох	ie, 1	5 D Ma	Addres: ple		2		
	Conditions, if or gove rise to in couse (o), stoting to lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO IT, which he under. DUE TO ()	a) 770	Agreement at	Dec			azer			last		of of	~~ ~~
1 10 100 100	3			CONTRIBUTING TO DEATH BU							N IN PARI	1(a) 1	PERFC	RMED?
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI						3.)				
	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Yo	While of wor	Nat while		INJURY (Ho		, 20f. (City .)	y or town)		(Co	ounty)		(Stote
	21. I certify the alive an	at I attended the	decease 198				a.	M, from	the cause street, city or	s and	an the		state	
Des.	REMOVAL (Specify)	N, 22b. DATE THERE		22c. NAME OF CEMETERY Bayview	OR CREM	ATORY			Sey Ci			Jer	(Sto	te)
٠.	Removal 3. FUNERAL DIRECTOR m. Cook, Inc	S SIGNATURE		APORESS 11 St., Balto	2, M	4	24a. REN	9 FY 2 E 8 IS		REGIST	RAR'S SIG	NATU	RE	

completely filled OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit. the registror prior to burial, crematian, ar removal, and in any e

2 should be filed with by the funeral director,

VS A1S (4) 1SM 9/SB

PRANCE TO STATIFFF AND STATE OF DEATH ٠. ل ډو 20 33 00 1 35 3 M TAST -EB--1074 | DAYL Y. H. SONES, SHENLEDIE DESIND The state of the s E. (20) 5, 16. 5, 12. (20) 16.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1	2234		CERTIFICA	TIE OF D	EAIF			2 103		
)[PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	o. STATE	DENCE (W	W. 55. 0 TO	lived. If institution b. COUNTY	on: Residence		nission)
1	b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16	+			ote limits, write R			wn)
	RURAL and give ne	earest town)							0	V	9
-	d NAME OF HOSPIT	Owings Mi		7 Wks.	d. STREET	umber	Land			To Is I	ESIDENCE
	OR INSTITUTION	The (in the till the spines)	9110 311001	300.033,						ON	A FARM?
-		Rosewood		r. School			7	nfield R		162	□ NO □
3.	NAME OF DECEASED	Fi	rst	Middle	Lo		4. DATE OF	Mon		Day	Yeor
L	(Type or print)	Rob		Joseph	Bosl	- 6/	DEATH		mber	15	19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	Ή	5	P. AGE (In years lost birthdoy)		YEAR IF UN	IDER 24 HRS.
L	Male	White	WIDOWE	D DIVORCED	3/7/	58		22 yrs.		7073	74,111.
10	during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHP	LACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
	non		1	hone	Cu	mber.	land, M	aryland		U.S.A	
13	. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	۵٦٦	an Lindy B	oslev		Aline	- Neel	Marv	Agnes M	eek		
	. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.		NFORMANT			Add			
10		(If yes, give wor or dates of	service)	none	Rosewood	Reco	phra	Owi	ngs Mi	ills.	Md.
F	IIB. CAUSE OF DEA		ouse per lin	ne for (o), (b), and (c).]	TOBOROGO	11000	J1 40			INTERVAL	BETWEEN
		TH WAS CAUSED BY:			- 6					ONSET AN	
П	FILA	IMMEDIATE CAUSE (ssive bleedin	g Trom b	eberc	arcel.	,		2 da	Lys
	540.0	DUE TO			, , ,		3 - 4 2				la 2 - 4 la
	Conditions, if a gove rise to i	mmediate		rain damage an	d mental	reta	raation	1,		STUCE	e birth
	couse (o), stoting										
1,	lying couse lost.			spiration Pneu					(F) 1 () 1 () A () T	2 da	
CERTIFICATION	PART II. OTF		ADITIONS C	ONTRIBUTING TO DEATH BU	I NOI RELATED I	O THE LEKA	AINAL DISEASE	CONDITION GIV	EN IN PAKI	PER	FORMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	ERIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye			LACE OF INJURY			or Iown)	(Co	ounty)	(Stote)
NED X	Hour o.m.	19	White at worl	Not while	sciory, sireer, ornic	e blug., el	c.)				
		at (I) (this bassita	1) attend	ed the deceased fram.	0/27/4	10	60 1-	11/15	10 6) that //	/wal last
	220. SIGNATURE	sea alive an	1/12	19.60 , and that	death accurre	a ar 9:	Jana and I	ne causes an	a an the		22b. DATE
	2/		41	5. 4.	M.D. PHYS.	IG _ A	AED.	STAFF			SIGNED
	22-PHYSICIAN'S	arry X	1	mue,	M.D. PHYS.		DIRECTOR [PHYS.			16.60
	NAME (Type)	Hamle C	D47	- M D			э т		14177	202	
-		Harry G.				ewood		Owings			
23	Burial, Crematic REMOVAL (Specify)		OF	23c. NAME OF CEMETERY			23d. LOCATI	ON (City, town,	or county)	(\$	tote)
-	Burial	II-I7-6	0	St. Marys	Cem.			erland,		191	
24	James	S SIGNATURE Scarpe	77:	Cumberland,	Md		D BY REGISTR	RAR 25b. REG	STRAR'S SIGI	NATURE	
	o anco	. boar be		odinoci rana,	INICA .	DATEO	/ 21 '60	Call	wn 8 46	aus	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremotian, or removal, and in any event, within 72 haurs ofter death. urs ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS VR A1S (4) 1SM 9/59

12234 ARSST The state of the s A PERSON NEW YORK THE RESERVE OF THE PROPERTY ... , and the state of the stat

MARYLAND STATE DEPARTMENT OF HEALTH 1223 CHARLES AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

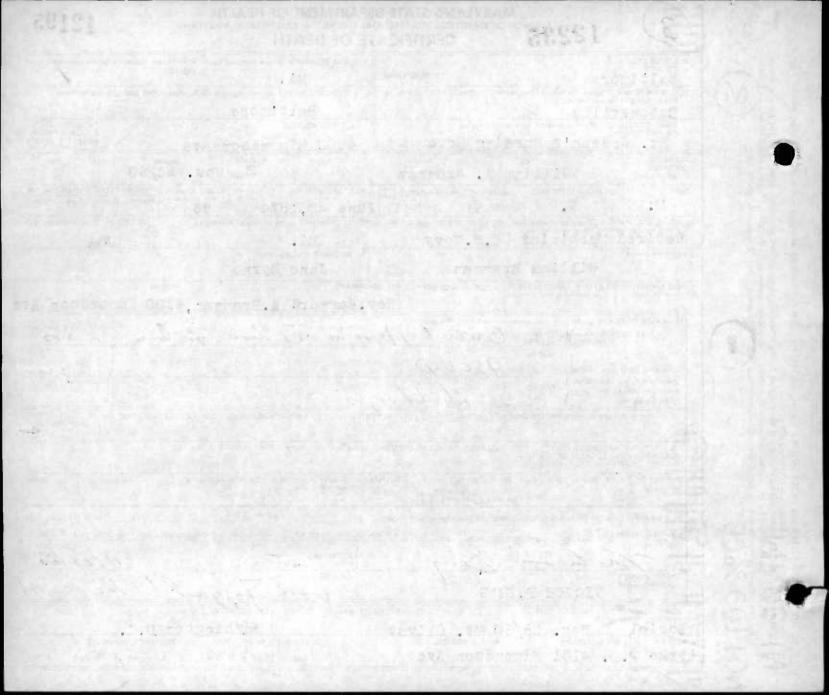
12195

9	エスとうこ		CERTIFIC	ATE	OF	DEATH						
1. PLACE OF DEATH 6. COUNTY Baltimo	re		MARYLAN		USUAL I		nere decease	b. COUNTY		ance befo	ore admissi	ion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN 1	Ь	c. CITY			prote limits, write I	RURAL and	give ne	arest town	1)
Catonsv						Balti	more			31	10	-
OR INSTITUTION	TAL (If not in hospital,				d. STRE	ET ADDRESS					e. IS RES	FARM?
St. Jo	seph's Nu	ursin	ng Home		490	O Edmo	ndso	n Ave			YES 🗌	NO 🗆
3. NAME OF DECEASED (Type or print)	Will		Brannan			Last	4. DATE OF DEATH	Nov. 2	4/60	D	-,	Yeor 19
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	3 8. D	ATE OF E	BIRTH		9. AGE (In years lost birthdoy)	IF UNDE Months		Hours	ER 24 HRS
M.	W.	WIDOWE		100	ine	23,187		86 yrs.		Days	Hours	Mill.
10a. USUAL OCCUPATION during most of wor Retired.	ON (Give kind of work king life, even if retired Machinis	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIR1	HPLACE (Stote	or foreign o	country)	12. CI	TIZEN O	F WHATC	OUNTRY
13. FATHER'S NAME	Care III			1	4. MOTH	ER'S MAIDEN N	NAME		1		2.5	
	William	Bran	nnan			Jane B	yrne					
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 1	7. INFO	RMANT			Add	Iress			
(Yes, no, or unknown)	(If yes, give wor or dates of	service)	1	Rev.	Ber	nard A	Bra	nnan.49	00 E	dmo	ndso	77 A
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Co	ne for (o), (b), and (c).]	mo	xio	- Can	levi	Ford	tue	INT	ERVAL BE	TWEEN
Conditions, if o		D	SCVD								? 7	ro
gove rise to i couse (o), stating lying couse lost.		Sa.	not Cho	y	5						0	
PART II. OTI	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATE	TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PA	ART 1(o)	19. WAS A PERFO YES	RMED?
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (E	inter notu	re of injury in I	Port I or Por	rt II of item 1B.)				
YOUR OF INJURY O	RY Month, Doy, Ye	ar 20d. IN While of work	_ Not while _			RY (Home, form ffice bldg., etc	20f. (Cit	y or town)		(County		(Stote
21. I certify the			ed the deceased fra									
220. SIGNATURE	act of	2 -	25er	M.D.	ATTEN	DING MI		STAFF	id dir ir	11/		b. DATE
22c. PHYSICIAN'S NAME (Type)	VICTOR E	KIN	G		22d. At	DDRESS 11028.	Y	repu R	1	100	~~	_ M
230. BURIAL, CREMATIC REMOVAL (Specify Burial			23c. NAME OF CEMETER	707 7	REMATOR	Y		TION (City, town,			(Stote	e)
24. FUNERAL DIRECTOR			ADDRESS				D BY REGIS		ISTRAR'S	SIGNATU	RE	12-65
itzke F.I	. 4101 Ed	lmond	ison Ave			DATE	NOV 2 8	3 '60	arthur	8, 1	raug	

the funeral directar, and 2 TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in may be retained by the haspital or attending physician.

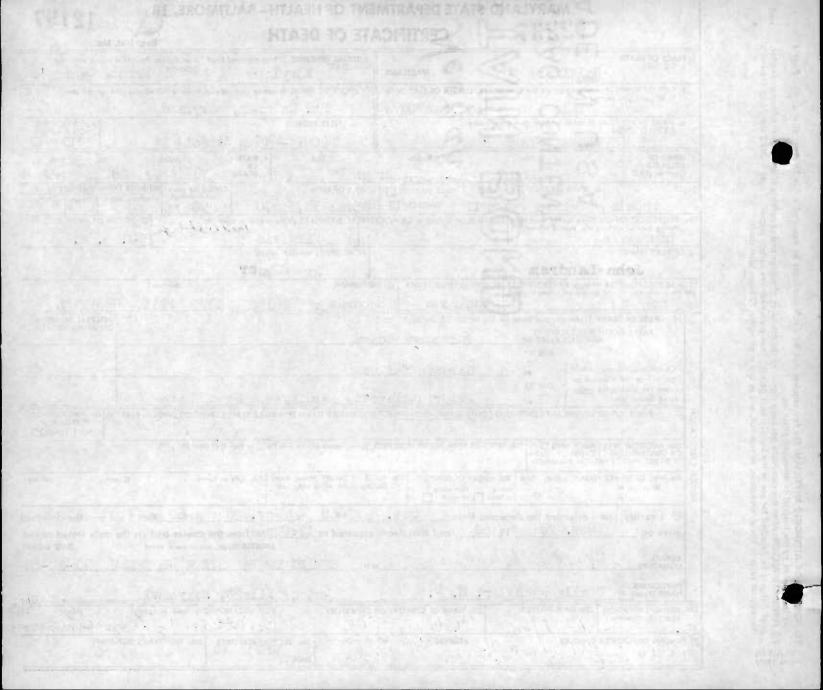
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then, please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and the try event, within 72 haurs after death. Then please remave carbon papers. Pages 1 and the tay event, within 72 haurs after death.

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. PLACE OF DEATH a. COUNTY	Baltimore		MARYLA	AND	2. USUAL RESIDENCE (WHO a. STATE Marv	-	ed. If institution b. COUNTY	Residence	before admir	HOW.
Catonsv	ille 28	ve street add	LENGTH OF STAY IN 2 yrs. dress) c, Catons v.		c. CITY OR TOWN (IF a Jessu d. Street Address	p, Mar			e. IS RE	
NAME OF DECEASED (Type or print)	Edwar	t	Middle Lew		Bruun	4. DATE OF DEATH	Month		Doy 9	Yeor 1960
.sex Male	6. COLOR OR RACE	7. MARRIED	to	-	. DATE OF BIRTH April 1879	9.			YEAR IF UND	-
la. USUAL OCCUPATION during mast af wor	ON (Give kind af wark d king life, even if retired)	ane 10b. Kit	NONE	INDUST	TRY 11. BIRTHPLACE (SIGNATURE)	wn	7)	Uni	-	tate:
3. FATHER'S NAME	Unkn	own				uame Unknow	n			
S. WAS DECEASED EVE Yes. no. or unknown) Unknown	R IN U. S. ARMED FORCE (If yes, give war or dates of se	ES? 16. SO	CIAL SECURITY NO.	1	formant s. Geo. Mi	tchell	,Box 16		ssup,	Md.
Canditions, if a gave rise to i couse (a), stating lying couse last.	mmediate (DUE TO	Arte	rioscler	oti	c heart di	sease				
					not RELATED TO THE TERM ld;Gastric				PERF	ORMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OCC	CURRED	. (Enter nature af injury in	Part I ar Part II	of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	19	While at work [Nat while at work	fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc	.)			enty)	(Stote)
	Nov. 7	deceased , 1960			10	M, from t		d an the	dote sta	
20. BURIAL, CREMATIC REMOVAL (Specify Removal	ON, 226. DATE THEREO 11/9/60	V	U. of Md		CREMATORY Med. School		N (City, town, or Ltimore		Mar	yland
3. FUNERAL DIRECTOR	'S SIGNATURE	77.37	ADDRESS		240. REC	D BY REGISTRAL		RAR'S SIGN		

TO HOS I OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be coined by the hospital or attending physicion.

TO HOS I ON BEAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fille. By the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH 122 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

oy be refained by the hospital or ottending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, age 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with e State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.	50	3. 1 5. 5	PL NOIT SE
the ottending physici Then please remave on and in any event, with	(i	1S. (Yes	IF/ Y Y
oy be revained by the hospital or ottending physicion. FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physicion ond completely fillerage 3 should be detoched far use as the buriol-transit permit. Then please remave corbon papers. Pages 1 e State Board of Health priar to buriol, cremation, ar removal, and in any event, within 72 haurs after death.	2	MEDICAL CERTIFICATION	22
oy be remined by the FUNERAL DIRECTOR: age 3 should be detoc	- 9	230	

1.	PLACE OF DEATH				Where deceased liv	ed. If institution:	Residence before admission)
	a. COUNTY	BALTIMORE	MARYLAND	a. STATE MARY	LAND	b. COUNTY C	arroll /
	b. CITY OR TOWN (III	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	limits, write RUR	(AL and give nearest town)
	FORT HOWAR		13 DAYS	HAMPSTEA			06 X -7
		AL (If not in hospital, give stre		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		DMINISTRATION	HOSPITAL	Box 102	THE		YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	GROVER	C.	BUCHANAN	OF DEATH	Novembe	r 18 19 60
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9.		FUNDER 1 YEAR IF UNDER 24 HR
	MATE	WHTTE WIDO	WED DIVORCED K	July 11, 18	387	73 yrs.	Months Days Hours Min.
10	a. USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ite or foreign count	ry)	12. CITIZEN OF WHAT COUNTRY
	LIMBERMAN	ing life, even if retired)	SAW MILL	NORTH CA	ROT.TNA		U.S.A.
13.	FATHER NAME	2 0	DIMY 141 141	14. MOTHER'S MAIDEN			/
	Levisia	12 unha	11.0011	Oches	ce A	trest	
		R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	NFORMANT		Addres	s
(Y	YES	-26-09/1-25-1	2) 236-09-6122 (LIN REC VAL	H BALTO 1	8 MD-FT	HOWARD DIVISION
+		TH Enter only one couse per	line for (a) (b) and (c).1				INTERVAL BETWEEN
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	cause (a), stating	the under-	CADVED EMPIRICES	OF THINGS			THERMANITA
7	lying cause lost.	(0)	MARKED EMPHYSEM		NAME OF THE PART O		UNKNOWN
TION	PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN	19. WAS AUTOPS
FICATI		- 1					YES 🚹 NO
CERTI	OR CONTRIBUTING	S UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Port I or Part II	of item 18.)	
CAL	20c. TIME OF INJUR	Y Month, Day, Year 20d		ACE OF INJURY (Home, fo		town)	(County) (State
MEDICAL	Hour o.m.	19 Wh	ile Not while for	ctory, street, office bldg.,	etc.)		
~		-		Jarramban E	60 Non	ember 18	3 .60 X
							3, 1,60, that (X (we) las
	saw the degrees	en alive an Novembe	er to 1900 , on that o	death accurred at	M, tram the	e causes and	an the date stated above
	22d. SIGNADO	111 11.3	411111	ATTENDING	MED.	STAFF	SIGNE
	22c. BAYSICIAN'S	10 10	BUTH	M.D. PHYS.	DIRECTOR .	PHYS.	11-18-60
	NAME (Type)	JOSHUA A. SMI	TH M.D.		20.30	TOWN 1105 7	DD DWITGTON
		00011011 101 2-2		VAN DALIL			ARD DIVISION
23	REMOVAL (Specify)	17-7 5/191	23c NAME OF CEMETERY C		23d AGCATION	Leecest	(Stote)
24	BURTAL FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	25a. R6	GAD BY REGISTRA	2 25h REGISTI	RAR'S SIGNATURE
					40V 2 8 60		and S. Kraus
Ľ	boward C. 1	ipton runeral	Home, HAMPSTEAD	MU. DATE			a. Tirare

DETAILED BY BY ST 1 district 1 12 4500 SERVICE (REVISE) A.S.U. P. AUXINES PROVE CONTRACTOR OF THE CONTRACTOR O THE PART STREET, AND STREET, AND THE A DE AL TREE OF TO THE PROPERTY OF STREET OF STREET MODELLY COLUMN TO THE REAL PROPERTY OF THE PARTY OF THE P THE TAILED BOOK STORY OF THE STATE OF 's after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be VR A1S (4) 1SM 9/59

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1.	o. COUNTY Baltimon	re		MARYLANI		USUAL RESIDENCE (WA		lived. If institution b. COUNTY	on: Residence l	efore adr	nission)
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limit	ls, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o		ote limits, write RI	URAL ond give	nearest to	own)
		vard. Md.		1 Day		Baltimo	re		310	1-	4
	d. NAME OF HOSPITA OR INSTITUTION					d. STREET ADDRESS			(25)	10	RESIDENCE N A FARM?
F	Veterans Ad	iministrati	Lon_H	ospital		3004 73		Avenue	1121		
3.	NAME OF (Service DECEASED (Type or print)	red as FRANK	7	Middle_ W.		UCHSBA'UM) UCHSBAUM	4. DATE OF DEATH	Novembe		Day	Yeor 1960
S.	SEX	6. COLOR OR RACE	7. MARI	RIEDE NEVER MARRIED	7 8. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF U	NDER 24 HRS
	Male	White	WIDOW	ED DIVORCED	J	anuary 16,	1877	lost birthdoy) 83 yrs.	Months Da	ys Hou	urs Min.
10	o. USUAL OCCUPATION	N (Give kind of work o	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign co	unity)	12. CITIZEN	OF WHA	AT COUNTRY
	Machinist'			Railroad		Baltimore	Mary!	land	U.	S.	A.
13	B. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
	Henry Buch	sbaum	260	N. H.		Elizabeth I	Keyser				
		f yes, give war or dates of s		SOCIAL SECURITY NO.	CIIN	TCAL RECORI	os, vai	H, Baltin	nore 18	, Ma	ryland
=	Yes	S.A.W.						FORT I	HOWARD	DIVI	SION
L			use per li	ne for (o), (b), ond (c).]							ND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	COL	IGESTIVE HEAR	T FA	ILURE	15/11/			61	MONTHS
	410	DUE TO							2000		
	Conditions, if on	y, which) (b	ART	TERIOSCLEROTI	C HE	ART DISEASE	2			INK	NOWN S
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2			-	CONTRIBUTING TO DEATH I		A. A	INIAI DISEASE	CONDITION GIV	FN IN PART 1/	01 19 W	AS ALITOPSY
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CEPTIEICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	Port I or Port	II of item 18.)			

MEDICAL Not while ot work of work p. m. 21. I certify that (M) (this haspital) attended the deceased fram November 3, 150, to November 4, 150, that (M) (we) lost sow the deceased olive on Nov. 4 1960, and that death occurred at M. M, from the causes and on the date stated above. 22o. SIGNATURE 22b, DATE

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

ATTENDING PHYS. 22c. PHYSICIAN'S NAME (Type)

20d. INJURY OCCURRED

STAFF PHYS. 1 DIRECTOR [22d. ADDRESS VAH.BALTO.18.MD., FORT HOWARD

20f. (City or town)

14/60 MED

(Stote)

(Stote)

REDERICK S. DONALDSON. M.D. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

8. 1960

Doy,

Year

23c. NAME OF CEMETERY OR CREMATORY Loudon Park

23d. LOCATION (City, town, or county) Maryland Baltimore

Nov. 24, FUNERAL DIRECTOR'S SIGNATURE

4611 Park Heights Ave. Baltimore, Md

25a. REC'D BY REGISTRAR '60

DATE

25b, REGISTRAR'S SIGNATURE arthur & Kraus

(County)

C Vernon Lemmon

20c. TIME OF INJURY

o. m.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19944

THETT	CERTIFICATI	L OI DEATH		
1. PLACE OF DEATH o. COUNTY BALT.	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Resi	idence before admission) ALTO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp		nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION VEROME AVE BOX 860	et oddress) BALTON CO.	d. STREET ADDRESS	0x 860 , BAL	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle RAMUEL	Lost 4. DATE OF OF DEATH	Month	Day Year
MININ	W. 1 - N	DATE OF BIRTH	9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HR
1411 - 1	WED DIVORCED	SEPT 5-1877	lost birthdoy) Montl	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10k	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	100	CITIZEN OF WHAT COUNTRY
B P O RAP L ROAD	RETIRED	MICHIGAN		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Cores no time	
DAVID 5 BUCKA	EY	LYDIA	HILL	
1S. WAS DÉCEASED ÉVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. INF	FORMANT /	Address	
	RU	TH BUCKLEY	SAME	AS ABOU
1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pronary	onus	ion	Justflen
420 DUE TO A	- ale th	- x 1	1/2 /-	
Conditions, if ony, which	mosecura	i Curui -	usina	
couse (o), stoting the under-			diseas	u 2 ms
	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPS
CATI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Po	ort II of item 18.)	
	foot	CE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ty or town)	(County) (State
Hour o. m. While the second of	IAOI WIIII6	ory, street, office blog., etc.,		
21. I certify that (I) (this haspital) atter	nded the deceased fram.	94/15 18 , ta	nov!	96 (that (1) (we) las
saw the deceased alive on WV I	1960, and that de	eath accurred at 44M from	n the causes and an	the date stated above
220. Sprange Manne que	uduer ,	A.D. PHYS. MED. DIRECTOR	STAFF PHYS.	11/2/6 DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADETESS It	mil	1/0
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d LOC	ATION (City, town, or coun	ity) (Stote)
BURIAL MOU. 3.1960	0 -	MEM. BA	FLAIR	MD
24. FUNERAL DIRECTOR'S SIGNATURE	AOBIRESS	250. REC'D BY REGI	STRAR 25b. REGISTRAR'S	
John J. Ormill	I assix -	By of DATE NOV 4	'60 arthur	7 S. Fernes

moy be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the Stote Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

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rs ofter death. Page 4

13881 TERROR AVE. 1902 RED BALLO FOR MENTE SEE, DUL 1901 SHAPE AT CHAID SHOULD BECKEEN E- NO KEEL IS 220-3448 - 1000 2000 3000 AND WALL CHAIR STEELER A STATE OF A DALLO E JESEKEY LYREAL BLACK and the many or a second of the second State of the State Country of the State of t

may be refained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERT	IFICA	TE C	OF D	EATH
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12202 Rea. Dist. No

	12242		CERTIF	ICA	TE OF DEA	TH		Reg. Di	st. No.	THEOR
1. PLACE OF DEATH a. COUNTY	Baltimore	3	MARYL		o. STATE Mary	Where deceose	ed lived. If instituti b. COUNTY		ice befare (odmission)
RURAL and give n	(If outside carporate lim learest tawn) Limore	its, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (If outside corporations	orote limits, write F	URAL and	give neares	it lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (1201 64t)			6	d. STREET ADDRESS	64th	Street			IS RESIDENCE ON A FARM? 'ES NO
3. NAME OF DECEASED (Type or print)	KATHERINI		Middle	BUDDI	lost EMEYER	4. DATE OF DEATH	Novemb		Day 3	Year 19 60
5. sex Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH Aug. 11, 18	383	9. AGE (In years last burthday) yrs.	Months Months		UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work Housewif	king life, even if retired	1	kind of Business or wn Home	INDUSTR	y 11. BIRTHPLACE (SH Baltimo		country)	12. CI	IZEN OF V	WHAT COUNTRY?
3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
Ge	eorge Fox				Anna Ra	assmuss	en			
15. WAS DECEASEDEVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT		Add			
No				Mrs	Alvina Bar	rack	1201 64t	h Str	eet	
Canditians, if a gave rise to carse (o), stating lying cause last.	DUE TO which immediate the under-))))	PRICE ARTERI		OCCLU CEROTIC	c.C.			ONSET 2	AL BETWEEN AND DEATH HOURS
CATIC			CRIBE HOW INJURY OC					EN IN PAR		WAS AUTOPSY PERFORMED? ES NO []
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. 023	CKIBE HOW HAJOKI OC	CORRED.	ciner nature at injury	in rail i or rai	ir ir dr irem rb.j			
20c. TIME OF INJUI Hour a. m. p. m.		ar 20d. II White at wor	Not while	PLACI factor	E OF INJURY (Home, fi y, street, office bldg.,	arm, 20f. (Cit	y or town)	(0	County)	(State)
olive on	Berre	19	Meore, h.	death o	, 19, to ccurred ot 15	30 M, from		and on t		the deceased stated above DATE SIGNED
Burial (Specify	Nov 7, 1	960	Oak Lawn		REMATORY		TION (City, town,	ntv N	larvle	(State)
23. FUNERAL DIRECTOR			ADDRESS		24a. R	EC'D BY REGIS		STRAR'S SIG	GNATURE	
Lilly & Ze	eiler Inc.	1901	Eastern Av	e.	DATE	NOV 4	'60	Tallua	0 4	

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			THE RESIDENCE PROPERTY AND ADDRESS ASSESSMENT ASSESSMEN
			State of the State of the same

Division of The TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 203 DICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) ieral director. Page ed for your files. e Board of Health, a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) write RURAL end give nearest town) Mount Wilson Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS refained State Mount Wilson State Hospital 607 Baltimore Street 3. NAME OF Middla Last DATE Month und be executed within 24 hours after death. If a in pencil in Item 18. Give Peges 1, 2, and 3 to the 10ffice along with form PM3. Pege 5 may be retaburial-transit permit. File-peges 1 and 2 with the 5 burial-transit permit. File-peges 1 and 2 with the 5 burial in any event within 72 hours after de DECEASED OF (Type or print) SAMUET CATN DEATH November 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdey) Male Colored WIDOWED March 1911 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Truck Driver U.S. Government Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas N. Cain Georgia Parker 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or detes of servica) Hospital Records, Mt. Wilson State Hospital 217-26-9026 This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),) Office along burial-transit Arteriosclerotic Heart Disease and Lung Abscless AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) "pending" gava risa to immediate cause 10 DUE TO (a), steting the underlying Examiner 98 cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be Therapeutic misadventure following thoracotomy 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) age 3 shot to burial, c PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Therapeutic misadventure 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, streat, office bldg., etc.) Not While 2 el work al work Hospita. Wilson prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, death resulted from: Natural causes Accident / Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Typa) Addrass (Street, city, town, or county) DATE THEREOF 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY DE REMOVAL (Spacify) 0 40 2.46. REC'D BY REGISTRAR | Z4b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VS. A15ME

tems 18-21 Film 276 MARYLAND STATE DEPARTMENT OF HEALTH

Harford

Day

Months

e. IS RESIDENCE ON A FARM?

YES NO IX

19 60

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED?

NO F

(State)

Md.

YES TO

and in my opinion

DATE SIGNED

(State)

11/8/60

(County)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Yeer

5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12204

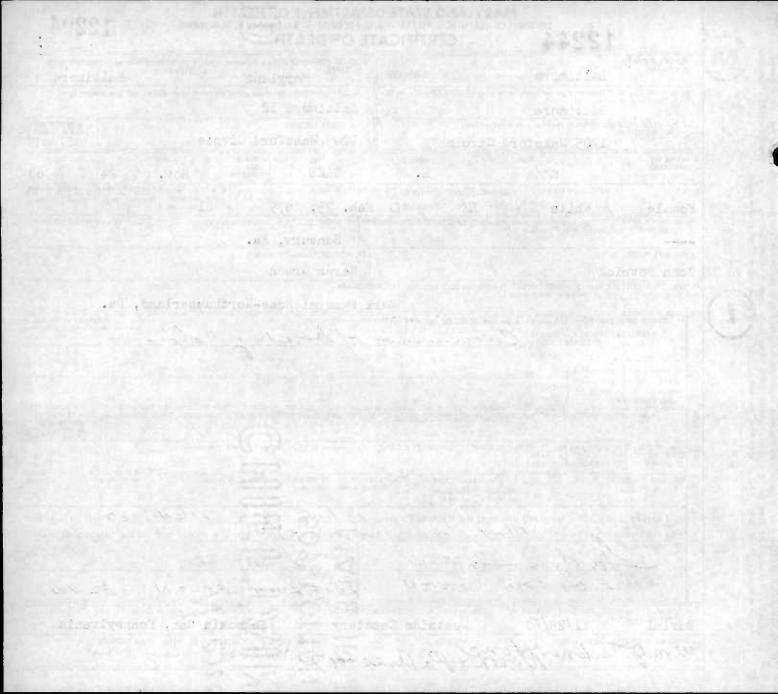
12244

TO HOSE is OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be remained by the haspital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pagers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, or removal, and in provedut, within 72 hours after death.

VR A15 (4) 15M 9/59

		7 10 10 1									
	LACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDEN	ACE (When		lived. If instituti b. COUNTY			odmission) NOTE
ь	RURAL ond give	(If outside corporate liminearest town) Baltimore	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOV			ote limits, write R	URAL ond give	e neares	town)
C	OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET ADD		rd Ci	rcle		(S RESIDENCE ON A FARM? ES NO
0	AME OF DECEASED Type or print)	EMMA	st	Middle E.	CAKE.		4. DATE OF DEATH	Nov		Day 24	Yeor 19 60
5. S	emale	6. COLOR OR RACE	7. MARR	ED XX DIVORCED	B. DATE OF BIRTH	1879		9. AGE (In years last birthday) 81 yrs.			UNDER 24 HRS
10a.	USUAL OCCUPAT during most of wo	rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Sunbu	E (State of	Pa.	untry)	12. CITIZE	N OF W	HAT COUNTRY
15.	was DECEASED EV	.CK ER IN U. S. ARMED FOR (If yes, give war or dates of s			Sarah G NFORMANT rk Funeral		3.7	Add			
CERTIFICATION	PART I. DE Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O'	immediate DUE TO	DITIONS (CONTRIBUTING TO DEATH BU		16			VEN IN PART 1	(o) 19. Y	WAS AUTOPSY PERFORMED? ES NO
-4	OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify th	CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Ye 19 19 10 11 12 13 14 15 16 17 18 19 19 19 10 10 10 10 10 10 10	20d. II While of wor	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Hooctory, street, office b	me, form, Idg., etc.)	20f. (City	or town)	nd an the o	that	(I) (we) last ated abave 22b.DATE SIGNED
23a.	BURIAL, CREMATI REMOVAL (Specif UT181	ON, 23b. DATE THEREC		23c. NAME OF CEMETERY C		-		ion (City, Iown, kin Dam,		ylva	(Stote) nia
24.	Um . 9	E'S SIGNATURE TICKNEY	for	ADDRESS FIPa au	es +170	SO REC'D	BY REGIST		STRAR'S SIGN	-	



that the death

ofter death.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY g. STATE b. COUNTY MARYLAND Baltimore Mary land b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) lvr5mth20dvs Havre deGrace, Maryland Catonsville d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO PA 608 Erie Street STATE NAME OF First 4. DATE Middle Manth Year Day DEATH (Type or print) Maria Calicchia November 10 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX Manths Haurs WIDOWED T DIVORCED [female whi te 1886 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. OTTEN OF WHAT COUNTRY? during mast of warking life, even if retired) housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address unknown Unknown Records: SPRING STATE HOSPI TAL INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovasculer disease IMMEDIATE CAUSE (a) years **DUE TO** Generalized arteriosclerosis Canditians, if any, which vears (b) gave rise to immediate DUE TO couse (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (State) Day, Year (Caunty) factory, street, affice bldg., etc.) WEDI a. m While Not while at work at work p. m. May 20 1259 Nov. 10 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. Nov. and that death accurred at 22 M, from the causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. 11-10-60 M.D.

BURIAL CREMATION KEMOVAL (Specify)

Stella Wachsler, M. D. 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

LOCATION (City, town, or county)

GROVE

Catonsville 28.

25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

STATE

Maryland

HOSPITAL

22c. PHYSICIAN'S

NAME (Type)

VR A15 (4) 15M 9/59

OR

Carried a strong to a life of the same of SHIVE OF STATISTICS OF GASSI

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12246 CERTIFICA

CERTIFICATE OF DEATH

		1.6.6411					
	E OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary)	ere deceased lived. If institution: and b. COUNTY	Residence be	efore admission)
	IRAL ond give	(If outside corporate limits, write nearest town) SVILLE	c. LENGTH OF STAY IN 16 1 mth 2dys	c. CITY OR TOWN (IF of Baltimore	outside corporate limits, write RUR/	AL and give r	nearest town)
OF	R INSTITUTION		oddress) SPITAL	d. STREET ADDRESS 101 So	uth Calhoun Stre	eet	e. IS RESIDENCE ON A FARM? YES NO
	ASED or print)	First John	Middle Alexande	r Campbell	4. DATE Month OF DEATH NOVEM		Day Year 19 60
	ale	white wipow		April 9, 1877	last birthday) yrs.	UNDER 1 YEA	AR IF UNDER 24 HRS. s Hours Min.
-	-unimow	TION (Give kind of work done 10b. orking (ife, even if retired)	KIND OF BUSINESS OR IND Pace Lack	Mary	land	U. S	of What Country?
13. FATH	HER'S NAME			14. MOTHER'S MAIDEN N	IAME ·		
15 14/4/		NOWN VER IN U. S. ARMED FORCES? 104	tooch of duning 2 51 CF	Unknown	Address		
	or unknown)	(If yes, give war or dates of service)	っついししーしょり	ecords: SPRIN		HOSP.	ITAL
18.		EATH [Enter only one couse per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), ond (c).] ongestive hear	rt failure		0	NTERVAL BETWEEN NSET AND DEATH
	42	DUE TO		1.	a *		
	onditions, if	immediate (0)	erioxlantic ca	ardiovascular	disease		
co	use (o), stotin	g the under- DUE TO	eralized arter	riosclerosis		7	
CERTIFICATION SOUR SOUR	PART II. O	THER SIGNIFICANT CONDITIONS		JT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES 2 NO
	. ACCIDENT V CONTRIBUTIN EITHER, NOTIF	WAS UNDERLYING 20b. DES NG CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)		
WEDICAL 20c.	TIME OF INJU Hour o. m p. m	. While	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	.)	(Count	ty) (Stote)
		not (1) (this hospital) attended of the osed olive an Nov. 2	ded the deceosed from	Sept. 30	60, to Nov. 2 .M, from the couses and	, 19, on the do	that (I) (we) lost ote stated obove.
	. SIGNATURE	Stella Wa	clines	M.D. ATTENDING M.PHYS. DI	ED. STAFF RECTOR PHYS. 1	Nov. 3	22b. DATE SIGNED
22c	PHYSICIAN'S NAME (Type)		r, M. D.		RING GROVE ST.	ATE H	USPITAL
CRE!	RIAL, CRÉMAT MOVAL (Specif	10N, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY PK	23d. JOCATION (City, town, or o	7.	Well (State)
24. FUN	Into 9	OR'S SIGNATURE	ADDRESS no uloon	AUL DATE N	D BY REGISTRAR 25b. REGISTR	AR'S SIGNAT	

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in ay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. ained by the hospital ar attending physician.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

rs ofter death. Page 4

VR A15 (4) 15M 9/59

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, The please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 1. A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 7 and 7 with the State Board of Health.

or its designated agent, prior to burial, cramation, or removal, and in any event within 72 boars after death.

VS. A15ME 5M 7/59

		MAKI	LAND STATE DE	EPAKIMENI O	LUEWFIL		
Division	of STATISTI	CAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET, B.	ALTIMORE 1,	MARY DANIE
	00 1	MEDICAL	EXAMINER'S	CERTIFICATE	OF DE	ATH	18806

e. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest fown)	
write RURAL and give nearest town)	ii townj
Essex (21)	
	IS RESIDENCE
1641 "D" Eastern Ave. YE	ON A FARM?
1641 "D" Fastern Ave. 1641 "D" Eastern Ave. YES	Year
DECERSED	/-
(Type or print) WILLIAM M. CARROLL DEATH NOV. 4,	19 60
	NDER 24 HRS.
Male White widowed Divorced Jan. 27, 1895 65 yrs. Months Days Hou	Jrs Min.
IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slele or foreign country)	AT COUNTRY?
Agent Insurance New Jersey USA	
13. FATHER'S NAME	
William Carroll Sr. Natalie Winecker	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, pg., or unkown) (Ifyas give wer or deles of service)	
Yes WW1 138-20-7775A Dorothy M. Carroll Same	
1 18. CAUSE OF DEATH linler only one cause per ine for (e). (b), and (c).	L BETWEEN
PAKI I. DEATH WAS CAUSED BY:	AND DEATH
IMMEDIATE CAUSE (a)	
TICAME TO	
Condillors, if eny, which \((b) \) SeAse	
geve rise to immediate cause	
(e), stelling the underlying	
(6)	AS ALITORSY
PART II. OTHER SIGNATURAN CONDITIONS CONTINUED TO SEATT DOWN THE LEARNING DISEASE CONDITION GIVEN IN PART III)	ERFORMED?
YES [NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH #54 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. W. YES [20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING ADDITIONAL CAUSE OF DEATH.	1
CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2 Df. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Dey, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) fectory, street, office bldg., etc.)	
7	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in m	y opinion
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINER (DATE,	SIGNED
SIGNATURE M.D.	/
EXAMINER'S MIB. DAVIS M DAVIS (Street, city, town, or county)	00
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country)	(Stete)
Burial Nov. 7, 1960 Balto. National Cemetery Balto. Co., Md.	
23. FUNERAL DIRECTOR SECONDARY SIGNATURE	
James H. Brundsingle 1/107 Fractom Area #27 HOV 9 '60	
James E. Bruzdzinski 1407 Eastern Ave. #21 DATE HOV 9 '60 authur & thurs	

TOTAL TO SERVICE THE DETERM WHE EQUATE OUR REPORT ASSESSED. HYANG NO STANDARD AND MADE OF JACTON 1885 The state of the s THE STATE OF MEMORITARIES IN PROPERTY. A Same Control of the House Late State Charles THE RESERVE OF THE PARTY OF THE THE PROPERTY OF STREET STREET, BUT ASSESSED.

-	12248 CERTIFICATE OF DEATH	
	1. PLACE OF DEATH o. COUNTY BATTIFURF Co MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Resid o. STATE Md. b. COUNTY BA	LTIMIRE CIT
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) 24 years 9 worlds BALTINGRE C.	d give nearest town) 174 - 18
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR I	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) WILLIAM BENTON CARTER 4. DATE OF DEATH NOV.	9 19 6
1	MALE WHITE WIDOWED DIVORCED DEC 2, 1990 69 yrs. Months	
1	ENCINEE — MARYLAND	LI.S. A.
	13. FATHER'S NAME WILLIAM HENRY CARTER 14. MOTHER'S MAIDEN NAME SUSIE CARTER	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HOSPITAL RECORDS.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) A CULL CORONA RY IN Suficulty.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) ARTERIOSCLEROTIC CUR Disease	many ze
	gove rise to immediate couse (a), stating the under: DUE TO GRULLA LIZED ARTERIO SCLERE JIS.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19	(County) (State
	21. I certify that (I) (this hospital) attended the deceased fram JAN 17 1936, to NOV. 9 19 saw the deceased alive an NOV. 9 19 60, and that death accurred a P.M. from the causes and an t	the date stated above
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S 22d. ADDRESS	

22b. DATE SIGNED

(Stote)

23b. DATE THEREOF BURIAL, CREMATION,

SANDER

80

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Baltimore Md.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

REMOVAL (Specify)

ADDRESS SONS. INC. Baltimore Md.

oudon Park Cemetery 250. REC'D BY REGISTRAR HOV 1 4 '60

DATE

25b. REGISTRAR'S SIGNATURE arthur S. Kraves

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 page 3 should be detached far use as the burial-transit permit. the State Board of Health prior to burial, crematian, ar remayal, rained by the haspital or attending physicion.

after death. Page 4 the funeral directar, shauld be filed with

Then please remave corban popers. Pages 1

ond in any event, within 72 hours after death

VR A15 (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12209

the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A1S (4) 1SM 9/S9

ers after death. Page 4

	12249		CERTIFIC	ATE OF D	EATH	WORL I, I	ARTEAND.		INK	JU 17
1. PLACE OF DEATH o. COUNTY			MARYLAN	a STATE	Mary.		l lived. If institution b. COUNTY	Residence		mission)
b. CITY OR TOW RURAL ond gix	N (If autside carporate lime e nearest town) NASE	nits, write	c. LENGTH OF STAY IN	1b c. CITY OR	Chase		ate limits, write RU	RAL and giv	ve nearest (awn)
d. NAME OF HO	Box 492, I			d. STREET		192 RF	D 16		e. IS Of YES	RESIDENCE N.A. FARM? NO
3. NAME OF DECEASED (Type or print)	I.TI.T.TAN	rst	Middle	CAVANO	ost	4. DATE OF DEATH	Month		Day 1960	Year 19
s. sex Female		7. MARR	IED NEVER MARRIED	8. DATE OF BIR			9. AGE (In years	FUNDER 1		NDER 24 HR
10a. USUAL OCCUPA during most of At home	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR II	Scot	land				S.A.	AT COUNTRY
13. FATHER'S NAME Don	t know			14. MOTHER	on't l			R		
1S. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INFORMANT Ellsworth	Cavar	no Ch	Addre ase, Md.	\$\$		
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ne for (o), (b), and (c).]	CAR	cine	MA			ONSET A	ND DEATH
Canditians, i gave rise to cause (a), stati	immediate DUE TO	b) CA	RCINO	UA OF	RE	GHT	BREAS	7	4	YRS
PART II.	OTHER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART	PE	AS AUTOPS' RFORMED?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter noture	of injury in I	Port I ar Part	II of item 1B.)			
20c. TIME OF IN Hour a. p.	10	While at war	Not while	e. PLACE OF INJURY factory, street, affi	(Hame, form ce bldg., etc.	, 20f. (City	ar tawn)	(Co	ounty)	(State
21. I certify	that (I) (this haspita	al) attend	led the deceased from	at death accurre			NOV. 15			
22a. SIGNATURI		1/2	ruch	M.D. ATTENDI		D.	STAFF PHYS.		30	22b, DATE SIGNE
22c. PHYSICIÁN NAME (Typ		1 M	LICELI,	17.0 . 108	RESS S. 7	AYL	012 40	i .	8114	70, 2
230. BURIAL, CREMA BULLALISPEC			23c. NAME OF CEMETER Meadow Ric		ry	23d. LOCAT	ON (City, town, or Dorsey,	24.7	(State)
24. FUNERAL DIRECT		-	ADDRESS		2So. REC'	BY REGIST	RAR 2Sb. REGIST	rar's sigi	NATURE	
Ullrich	Funeral Home	. Dur	idalk, Md.		DATE NO	V 2 1 16	0 1.6	1 un 8 1	Traces	

THE PROPERTY DAMES DESCRIPTION OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) g. COUNTY b. COUNTY Baltimore Baltimore MARYLAND Marvland b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Dundalk 22) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Woodland Avenue YES NO P NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH S. (Type or print) Joseph Cechotovsky November 24th. 1000 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Days Hours Min. Nov. 19.1891 male white WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Black Smith Steel Czechoslovakia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wendell Cechotovsky Anna Procotsca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -09-0576 S. Cechotovsky same as #2 Sadie no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN CCLUSION ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS PERFORMED? YES T NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW JANUAY OCCURRED Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry A and find that Natural causes Suicide . Homicide . Accident Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 11/25/60 DEPUTY MEDICAL EXAMINER NAME (Type) Melvin B. Davis 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Burial Stanislaus Cemty. Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Walter Brooks Bradley, Inc., Dundalk 22, Md DATE NOV 2 9'60 arilan & Frank

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19950

CERTIFICATE OF DEATH

12211

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		166011		CERTIN		VIE OI D	LA 11	•		- 1	Reg. Dist	. No.	
1, PLACE g. COL	OF DEATH	altimore		MARYLA	ND	2. USUAL RESIL o. STATE	Mary		b. CO	unty E	Residence	before odmi: LMOPO	ssion)
b. CITY	OR TOWN (IF	outside corporate limi scent town) Forest	its, write	c. LENGTH OF STAY IN 30 yrs.	16	180	own (If a	-		vrite RUR	RAL and giv	ve nearest tow	vn)
d. NA	ME OF HOSPITA	L (If not in haspital, g. 3 Lodge		oddress) st Drive		d. STREET A 2113		ge Fo	rest	Dri	ve	ON.	A FARMS
3. NAME DECEA (Type of	OF SED or print)	Maria	rst	Middle Eldzabetl	h	Cederb		4. DATE OF DEATH	N	Manth	nber	Day 18,	Year 19 60
5. SEX	ale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED ED DIVORCED		B. DATE OF BIRTH		80	9. AGE (In	years II day) yrs.	The second second	YEAR IF UND Days Hours	
	g most of worki	N (Give kind of work ng life, even if retired USEW 119		HOME	INDUS	SWO		or foreign	country)			eden	T COUNTRY
13. FATHE	r's NAME Johan	Lindber	gh			14. MOTHER'S			da And	ders	on		
(Yes, no. or		IN U. S. ARMED FOR I yes, give wor or dotes of the ONE		social security no. None		r. Gust	av A	. Ced	lerbo	Addres		Lodge	For
gav	nditions, if an re rise to im se (a), stating to g cause last. PART II. OTH	he <u>under</u> :	:)	CONTRIBUTING TO DEATH	H BUT	NOT RELATED TO	THE TERMI	NAL DISEA	SE CONDITIC	DN GIVEN	N IN PART	PERF	S AUTOPSY ORMED?
OR C	ONTRIBUTING	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URREI	D. (Enter noture of	f injury in (Part I or Pa	rt II of item 1	18.)		165] 40 [3
YOUNG TO SEE TO	TME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	1	e. PL/ fac	ACE OF INJURY (I story, street, office	Home, farm bldg., etc	, 20f. (Cit	y or town)		(Co	ounty)	(Slote)
ACTE SIGN	e an	of I attended the	deceas Z, 19	and that d	eath	19.60 accurred at	1 A	_M, fra	m the cau	ses an	that I la d an the late)		ted above
	AL, CREMATION OVAL (Specify)	Nov. 21		22c. NAME OF CEMETE	RY O				tion (city,			(Sto	ate)
JOH	RAL DIRECTOR'S		Wis	ADDRESS Be Ave. 22	. 1	id.		OV 2 2			RAR'S SIGN		

TO HOSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be considered by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certificate propers. Pages 1 and 2 should be director.

hours after death. Page 4

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	NAME OF THE PARTY		
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Rancius of one built test. Vision of one of the state of	M. A. A. Its Institutes		will to Small a little gillhes. 1. The land and little gillhes
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12212

		12231 CERTIFICA	ATE OF DEATH
100	1. (LACE OF DEATH L. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
IMI	ŀ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
290		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Armacost Nursing Rome Armacost Nursing Rome	d. STREET ADDRESS 1602 Regester Avenue #12 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
7 10		NAME OF First Middle DECEASED Type or print) VIRGINIA ANN CHEW	Lost 4. DATE Month Doy Year OF DEATH November 1 1960
	s. s	emale 6. COLOR OR RACE 7. MARRIED	B. DATE OF BIRTH July 19, 1890 9. AGE (In years last birthday) 70 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	TH	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). OUSEWIFE	Missouri
(1	W	father's NAME	14. MOTHER'S MAIDEN NAME Mathilda
event, v	(Yes	, no, or unknown) (If yes, give wor or dates of service)	informant Address Ar. Howard W. Chew -1602 Regester Avenue #12
1		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
remayal, an		Conditions, if ony, which gave rise to immediate couse (a), stoting the under-	ic bornshilie
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Λ	CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
0	MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (Slate) actory, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	death accurred at 2.M, from the causes and an the date stated abave.
		22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. STAFF SIGNED 22b. DATE SIGNED 22d. ADDRESS
	230	Gaton Gran	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. D 22b. DATE SIGNED 22b. DATE SIGNED 22b. DATE SIGNED

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	A Contract								P	eg. Dist.	140.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN	11 0 9	JAL RESIDENCE	CE (Where	deceased	lived. If inst b. COU		Residence	efore odn	nlission)
RURAL and give		ts, write	c. LENGTH OF STAY IN	b c. C	ITY OR TOW		de corpor	ote limits, wr	ite RUR	AL ond give	nearest to	own)
d. NAME OF HOSP OR INSTITUTION	TAL (II not in haspital, a	0	10	d.	STREET ADDR	,	h Be	nd Dr			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Dorcas		Middle	(1	hurch		DATE OF DEATH	Λ	Month		Day 1	Year 19 60
temale	6. COLOR OR RACE	7. MARR	DIVORCED	0	of BIRTH 23,	, 180	0-	9. AGE (In ye		UNDER 1 Y		NDER 24 HRS.
O. USUAL OCCUPAT	rking life, even if retired	done 10b.	KIND OF BUSINESS OR II	IDUSTRY 11	North	1	roli	na na		12. CITIZE	N OF WH	IAT COUNTRY
3. FATHER'S NAME	Gnan	+		14. M	Unk no		1E					
15. WAS DECEASED EV [Yes. no. or unknown]	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFORMA	ANT	wich			Address S and			
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-		aronary Senevali	Art	er os	ter	20-0	sus	24 (4.5	.Ye	ars
PART II. OI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE	ETERMINA	L DISEASE	CONDITION	GIVEN	IN PART 1	PER	AS AUTOPSY RFORMED?
OR CONTRIBUTING	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter	noture of inju	ury in Port	1 or Part	II of item 18.	.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED 204 Not while of wark	PLACE OF factory, str	INJURY (Home	e, lorm, lg., etc.)	20f. (City	or town)	X	(Cou	nty)	(Stole)
21. I certify to olive on	hat I attended the June 2	decease 9, 196	1		19 <u>58</u> , to				es and	on the		ne decease ated abov DATE SIGNI
PHYSICIAN'S NAME (Type)	Charles ON 1226, DATE THEREO	V.	22c. NAME OF CEMETER	TMD.	Ba	1/	LIEL	EV R		6	Ma	cylar itale)
REMOVAL (Specify	11-5-60		Birchwoo	10	netery		Ro	xboro	. 1	AR'S SIGN		nutej
Leonard	J. Ruck 5	305	Harford Re	d.	DA DA			60		huy &		

may be reformed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. ours after death. Page 4 SOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOS VS A15 (4) 15M 9/55

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s after death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12214

256. REGISTRAR'S SIGNATURE

Enthur L. Thousa

25a. REC'D BY REGISTRAR

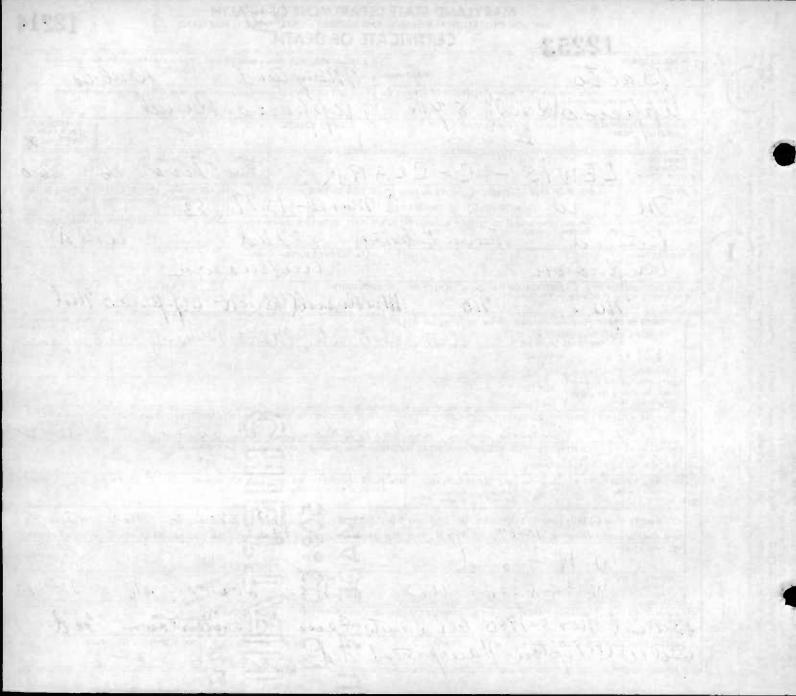
DATE

1131011 01	STATISTICAL RESERVANCES PRINCE	
	CERTIFICATE OF DEA	TI

	12253 CERTIFICA	TE OF DEATH	
1.	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by STATE b. COUNTY Sold	pefare admission)
	b. CITY OR TOWN (If autside carporate limits, write gural and give nearest town)	c. CITY OR TOWN (If autside tarporate limits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR NSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) LEWIS - C - Midgle LA	1. DATE OF DEATH NOWN	Day Year 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 NEVER MARRIED	B. DATE OF BIRTH May 10 - 1877 9. AGE (In years left highday) Manths Da	ys Hours Min.
100	a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Have Labor	572.11	OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME WILLIAMS	
	es, no, or unknown) you (If yes, give war or dates of service)	INFORMANT Address Bull- Uppeler	med
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 + 1/2 + De-	INTERVAL BETWEEN
	420 DUE TO	thingly I felin I was	3 mas
	Canditions, if any, which gave rise to immediate cause (o), stoting the under. lying cause last. (b) DUE TO (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o. m. 19 While Nat while ot wark at wark	PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.) (Cou	nty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 10/37	death accurred at LAM, from the causes and an the d	, that((IV (we) last
-	22a. SIGNATURE IN HOUSE	M.D. PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) WITFOARD.	Marchester Md	11-7-60
23	REMOVAL (Specify) 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d JOCATION (City, town, or county)	(State)

VR A15 (4) 15M 9/59

24. HUNERAL DIRECTOR'S SIGNATURE



	2254		CERTIF	FICAI	E OF DE	AIH						
1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	a. STATE	nce (who		lived. If institut b. COUNTY		Aru		A
b. CITY OR TOWN (RURAL and give no	If outside corporate limit earest tawn) DNS VI I A		ength of stay		~		_	rote limits, write l	RURAL ond	give ned	rest tow	n)
d. NAME OF HOSPIT	GROVE STAT	ive street addres	ss)	2,9 3	d. STREET AD		arylaı		29)	K-3	e. IS RES	A FARM
3. NAME OF DECEASED (Type or print)	Fin Sa:	rah	Middle		lost Clark	ς	4. DATE OF DEATH	Novem		10	у	Year
female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRI		eb. 15,	1888		9. AGE (In years last birthday) 72 yrs.		R 1 YEAR Doys	Hours	ER 24 H
10a. USUAL OCCUPATION during most of war housewi	king life, even if retired)	done 10b. KIND	OF BUSINESS C	OR INDUST		ce (Stote o		untry)		TIZEN OF		COUNT
3. FATHER'S NAME	seph Boyer				14. MOTHER'S M	AAIDEN N		108				
S. WAS DECEASED EVE	R IN U. S. ARMED FORG	ervice)	AL SECURITY NO		DRMANT	PRIN	G GRO		fress	OSPI	TA T	re
Conditions, if a gave rise to i cause (a), stating lying cause lost. PARY II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under- CON	ontions control vas	RIBUTING TO DE	ccide:	nt; old	HETERMIN	NAL DISEASE		VEN IN PA	RT 1(o) 1	PERFO	AUTOF ORMED
20a. ACCIDENT W.OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeo	or 20d. INJURY While		20e. PLAC	(Enter noture of i E OF INJURY (Ho ry, street, office b	ome, form,	20f. (City			(County)		(Ste
21. I certify the	at (I) (this hospital sed alive an No) attended to	he deceased 19_60 and	fram d that de	ath accurred			Nov.			stated	d aba
22c. PHYSICIAN'S NAME (Type)	Stella V			М.	D. ATTENDING PHYS. 22d. ADDRES	s S	PRING		11-1 STATE	2.40	SPIT	SIGN
230. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREO		. NAME OF CEN		CREMATORY			ION (City, town,		-	(Sto	of.
24. FUNERAL DIRECTOR	'S SIGNATURE	uply	ADDRESS Gran	Hugh	4 20	25a. REC'C	BY REGIST		ISTRAR'S S			

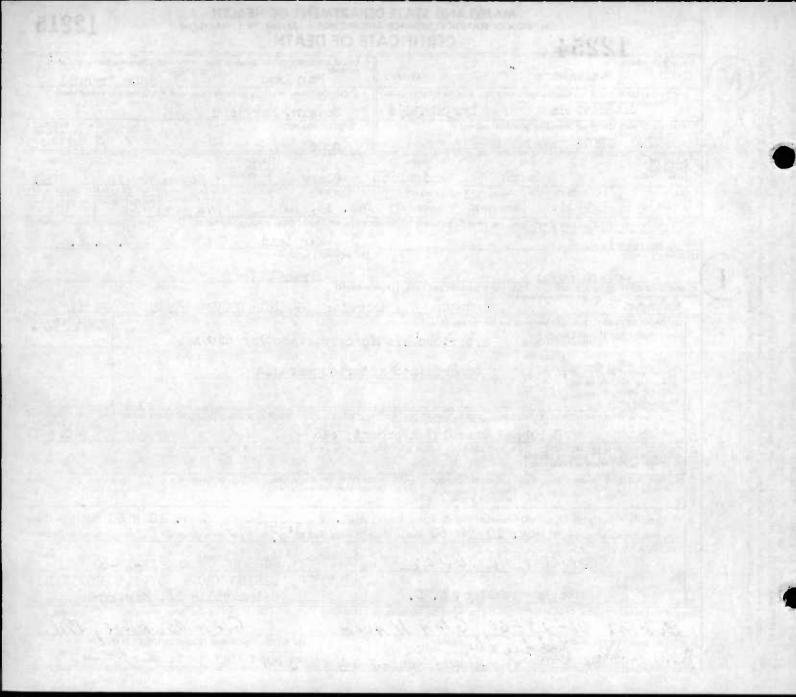
may be satinged by the hospitol at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, at remaval, and in any event within 72 haurs ofter death. VR A15 (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOS

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12216

~	12200 CERTIFIC	ALE OF DEATH	12210
A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce befare admission)
1	a. COUNTY Baltimore MARYLAN	o. STATE Maryland b. COUNTY Balt	imore
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1		
	Fort Howard, Maryland 136 Days	53 Baltimore	
×	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION	/ 21 Centre Ave,	ON A FARM? YES NO T
21	Veterans Administration Hospital 3. NAME OF First Middle	Lost 4. DATE Manth	Day Year
	DECEASED (Type or print)	OF	20 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	OLARIA NOVEMBEL	R 1 YEAR IF UNDER 24 HRS.
	Molo Widowed D DIVORCED	lost birrindoy) Months	Doys Hours Min.
	Male White 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN	Sept. 1, 1091 05	TIZEN OF WHAT COUNTRY?
	during most of warking life, even if retired)		
	Coal Loader Coal Mines	Narrows, Virginia 14. MOTHER'S MAIDEN NAME	U.S.A.
	IS. FATHER'S NAME	14. MOTHER 5 MAIDEN NAME	
	German Clark	Ellen Blankenship	
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (If yes, give wor or dates of service)	7 INFORMANT Clinical Records Address	
	Yes WW-1 229-26-5856	VAH. Baltimore, Md - Fort Howard	Division
	1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: PNEUMONIA, RIGHT	I UPPER LOBE	ONSET AND DEATH
1	502.1 DUE TO		
1	Conditions, if any, which) (b) EMPHYSEMA OF LU	NGS, SEVERE, OBSTRUCTIVE	UNKNOWN
	gave rise to immediate cause (a), stating the under-		
	lying cause last. (c) ASTHMA, CHRONIC		UNKNOWN
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED?
П	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BRONCHITIS, CHRONIC. COR PULMONALE	. CHRONIC	YES NO
	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Part I ar Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Hame, farm, 20f. (City ar town)	(Caunty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Haur a. m. While Nat while at work at work at work	factory, street, affice bldg., etc.)	
H			
	21. I certify that (N (this hospital) ottended the deceased fro	m. July 7 180 to Nov 20 190	Q, that $(1/4)$ (we) loss
	sow the deceosed olive on Nov - 20 1960, and the	at death occurred of PM, from the causes and on the	
И	220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. TK	22b. DATE
	22c. PHYSICIAN'S	M.D. PHYS. MED. STAFF PHYS. STAFF 22d, ADDRESS	11/51/00
	NAME (Type)		LIADD DTV
	FREDERICK S. DONALDSON, M.D.		WARD DIV.
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		(State)
1	Burial //-23-60 Baltimore M		ryland
A.	24. FUNERAL DIRECTOR'S SIGNATURE 6009 Harford	Road 250. REC'DINOREGISTRAR'S S	
	William Cook-Blight, Inc. Baltimore, M	faryland DATE	7 S. Kraus

TO HOST. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in a after death. Page 4 may be revained by the haspital ar attending physician. VR AT

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore o. STATE Maryland b. COUNTY MARYLAND Kent b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Fort Howard 15 Days Rock Hall d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P Veterans Administration Heepital NAME OF First Middle 4. DATE Last Day Year DECEASED 1960 MARION R. COLEMAN 9 (Type or print) DEATH November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 82 birthday) Months Days Hours Min. November 4, 1878 DIVORCED T White WIDOWED | Male 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Chestertown, Maryland U. S. A. Fishing Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johanna Dickerson James Coleman 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Records WAH. Baltimore 18, Md. FORT HOWARD DIVISION Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY SEPTICEMIA 12 HOURS IMMEDIATE CAUSE (a) PYELONEPHRITIS UNKNOWN Canditians, if any, which DUE TO URINARY RETENTION MONTH gave rise to immediate RUEXO cause (a), stating the under-ARTERIOSCLEROTIC HEART DISEASE UNKNOWN lying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? DIABETES MELLITUS GENERALIZED ARTERIOSCIEROSIS YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or tawn) (County) (State) factory, street, affice bldg., etc.) MEDI a. m. While Not while at wark at wark 1960 21. I certify that (1) (this haspital) attended the deceased from October November 9 saw the deceased alive an November 919 60, and that death accurred an M, fram the causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 9/60 M.D. DIRECTOR [PHYS. T 22c. PHYSICIAN'S 22d. ADDRESS FREDERICK S. DONALDSON, M.D. VAH, BALTIMORE 18, MD. FT. HOWARD DIVISION 23d. LOCATION (City, fawn, or county) 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) page Maryland Wesley Chapel Rock Hill 24. FUNERAL DIRECTOR'S SIGNATURE ADDRES 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Page	William Market	1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence do STATE b. COUNTY Anne	Arundel
eath.	* (M)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
r death funeral	hould b	Fort Howard, Md. 1 Day	Odenton O2X	-2
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100 à)CV 2	Veterans Administration Hospital	26 Oakwood Road	YES NO K
in 24 Filled in	th.	3. NAME OF First Middle DECEASED (Type or print) TAMES H. C	CONBOY 4. DATE Month OF DEATH November	Day Year 6 19 60
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and	138	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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ne death	in any	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RECROTIZING BRONC		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
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AN: The	I, creme		D. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSICI ol or oth	r use as		ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
After After	thed for	21. I certify that (1) (this haspital) attended the deceased from 1 saw the deceased alive an November 6 100, and that deceased alive and the same of	November 5, 1960 to November 6, 160	_, that (A) (we) lost date stated above.
TTEN the	Heal	22a. SIGNATURE		22b. DATE
R A by	of o		M.D. ATTENDING MED. STAFF PHYS. CK	11/7/600
OR		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
HOSP oy be ser	sho te Be	FREDERICK S. DONALDSON, M.D.	VAH, Baltimore 18, Md. Fort Hoy	ward Div.
ay be	age 3	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)		(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY files. Heolth, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 WSON 40 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 0 PROVIDENCE RD ON A FARM? PROVIDENCE RD YES NO NAME OF Middle DECEASED DEATH 1960 (Type or print) the 9. AGE (In years 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) ONFWHN Give Pages 1 h form PM3. 13. FATHER'S NAME File poges ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AS ABOVE With 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH-PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? CEREBRO-VASCULAR DISEASE NO F 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Doy, Year 20f. (City or lown) (County) (Stole) factory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry . should be forworded FUNERAL DIRECTOR: opinion deoth resulted from: Notural couses II. Accident . Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY -(Stote) REMOVAL (Specify) Gardens of Faith Cemetery 70 Baltimore County. Md. Burial 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? 6000 INTERVAL BETWEEN ONSET IND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 19 Chat I lost sow the deceased M, from the causes ond on the dote stated above. DATE SIGNED ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

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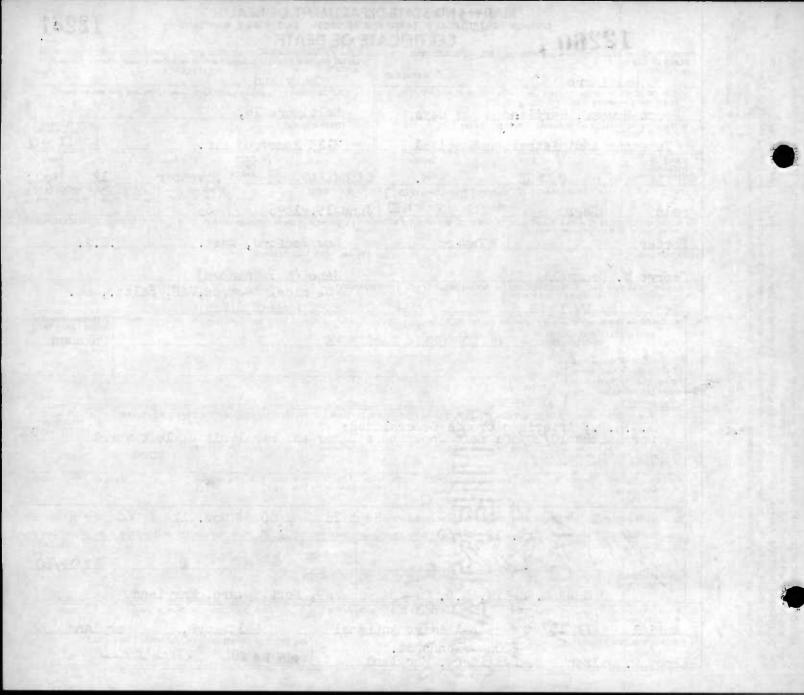
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 15217's after death. Page 4	may be retained by the hospitol ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled of by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then pleose remave carbon papers. Pages 1 and 2 should be filed with	the State Board of Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death.
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VR A15 (4) 15M 9/59

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RURAL and give nearest town)	10.1	Baltimor	autside carporate limits, write f	RUKAL ond give nearest rown)
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	8 100	e. IS RESIDENCE
OR INSTITUTION			2 4-2	ON A FARM? YES NO T
Veterans Administration		2123 Hom	· ·	9
3. NAME OF First DECEASED (Type or print) GEORGE	Middle W.	CROMWELL	4. DATE More More DEATH Novembe	
5. SEX 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In years	1 100
Male Negro WIDOW		June 15, 189	last birthdoy)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Store	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter	Tavern	New Bedf	ord. Mass.	U.S.A.
13. FATHER'S NAME	40070211	14. MOTHER'S MAIDEN		
Coord W Charrell		Ione (MN	. IInlen oven	
George W. Cronwell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, IN		: Unknown)	drets _ n a _ nea
(Yes, no, or unknown) (If yes, give war or dates of service)			1 Records, VAR,	Balto., Ma.
Yes WW 1		FORT HOW	ARD DIVISION	
18. CAUSE OF DEATH [Enter only one cause per li	ne far (o), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	RONCHOGENIC CAR	CINOMA		Unknown
DUE TO				
Canditions, if any, which) (b)				
gave rise to immediate				
lying cause last.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
A.S.H.D.; Arterioscle	erosis Generali	zed;	MAL DISEASE CONDITION OF	PERFORMED?
Operations 10/20/60:	Left Upper Lol	e Tumor and	Paralysis of 1	eft vocal YES NO M
□ OR CONTRIBUTING □ CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II at item 18.)	cord
		ACE OF INJURY (Hame, for ctary, street, affice bldg., et	m, 20f. (City or town)	(County) (Stote)
Hour a.m. While at war	THOI WILLIE	crory, street, diffice blug., et)	
		1 0/	/O . N	240 H . W
21. I certify that (X) (this haspital) attend				, 1960_, that (N (we) last
saw the deceased alive an Nov.	21960, and that c	leath accurred at A	M, fram the causes a	
220. SIGNATURE	11	ATTENDING A	AED. STAFF	22b. DATE SIGNED
Honer / Tell		M.D. PHYS.	DIRECTOR PHYS.	11/12/60
22c AMSICIAN'S SIAME (Type)		22d. ADDRESS		
JOSHUA A. SMITT	H. M.D.	VAH. For	t Howard, Mary	land
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town,	
REMOVAL (Specify)				
Burial 11/16/60 24. FUNERAL DIRECTOR'S SIGNATURE	Baltimore Nat		Baltimore,	Maryland SISTRAR'S SIGNATURE
	Orleans St.	31011		hug & thous
Elroy O. Wilson Balt	timore, Marylar	nd DATE Y	14'60 cind	M. 100mm



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12222

CERTIFICATE OF DEATH

	14617	CERTITICA	TIE OF DEATH		Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla)	b. COUNT	tion: Residence before admission) Y Baltimore
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give regrest town) Marsh	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) May 10 m	Middle C	1056 Ly	4. DATE OF DEATH	Day Year 1961
5.	1- 101	ARRIED NEVER MARRIED WED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years) 9 ligst birthdoy) 9 yrs	Months Days Hours Min.
	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown FATHER'S NAME Frank I. Cros		Massach Mas	usetts	U.S.A.
15. 1Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT . Cecil Cull	on, 204 Dumbar	ton Road
7	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hour o.m. Wh		ACE OF INJURY IHome, form story, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
	21. I certify that I attended the dece alive an Novillan, 19	/			and on the date stated above, state) DATE SIGNE 1/- 12 - 4
	PHYSICIAN'S William A	. Tyson			
220	BURIAL (Specify) BURIAL 11-14-60	Moreland Me		22d. LOCATION (City, town, Baltimore	
23. √n	FUNERAL DIRECTOR'S SIGNATURE 1. Cook-Towson, Inc., 10	50 York Road, T	Owson 240. REC		SISTRAR'S SIGNATURE

TO HOSP OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 percess after death. Page 4 may be Assained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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22b. DATE SIGNED

TO HOSF

s after death. Page

TEMALE WHITE WIDOWED DIVORCED 5-18-85 lost birthday) Months December 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZET NEBRASKA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINNIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT SAME Address Addres	efore admission)
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A. NAME OF HOSPITAL (If not in hospitol, give street oddress) A. STREET ADDRESS	nearest lown)
OR INSTITUTION OR INSTITUTION 3. NAME OF DECASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 10. DATE OF BIRTH 9. INSTITUTION 10. USUAL OCCUPATION (Give kind of work done) 10. SUBJAL OCCUPATION (Give kind of work done) 11. MOTHER'S MAIDEN NAME 12. CITIZED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per type for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN OTHER OF INJURY MEDICAL EXAMINER 17. CEPTIFY MONTH MEDICAL EXAMINER 18. CAUSE OF DEATH (IN) (This haspital) alterned the deceased fram. 19. ON ON While of NOW While of Work of the While of Work	A PART OF THE PART
3. NAME OF DECEASE (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years If UNDER TY Month) DIVORCED DIVORCED DIVORCED S. SEX 100. USUAL OCCUPATION (Give kind of work done) DIVORCED DIV	e. IS RESIDENCE
DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. SEX 9. AGE (In year) SIDELITY S	YES NO
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Substitution 1. New Months December Dec	Day Yeor
10 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZED 13. BIRTHPLACE (Stote or foreign country) 12.CITIZED 14. MCTHER'S NAME 14. MCTHER'S NAME 14. MCTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 19. OF White 19. OF WINDOWS 19. OF WINDO	AR IF UNDER 24 HRS
13. FATHER'S NAME	
13. FATHER'S MAIDE NAME 13. MAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give wor or dotten of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse pertine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) While Death County Month, Doy, Year Work of Wo	OF WHAT COUNTRY
18. CAUSE OF DEATH [Enter only one couse per type for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per type for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per type for (o), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LILIUMBY Edema and Imparction Conditions, if ony, which gove rise to immediate couse (o), totaling the under: Using couse lost. (c) Liliumby DUE TO Using couse	1.5.4.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) 18. CAUSE OF DEATH [Enter only one couse per tine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR O. m. 19 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of or work 21. I certify that (I) (this haspital) attended the deceased fram. 22c. PHYSICAN'S M.D. PHYSICAN'S MED. STAFF PHYS. 22d. ADDRESS Address Address JOHN DARROH SAME TYPE Address Address JOHN DARROH SAME SAME SAME SAME SAME TO SAME TYPE Address Address JOHN DARROH SAME SAME SAME Address JOHN DARROH SAME SAME ACCURATE SAME SAME ATTENDING M.D. ATTENDING DIRECTOR STAFF PHYS. 22d. ADDRESS	
SAME AS SAME AS SAME AS SAME AS SAME AS SAME AS	
18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ABOVE)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR o. m. P. m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED work of twork of twork. 21. I certify that (I) (this haspital) attended the deceased fram. 22c. PHYSICIAN'S AMED. STAFF OR PHYS. 22c. PHYSICIAN'S AMED. DIRECTOR STAFF OF PHYS. 22d. ADDRESS MED. OF PHYS. DIRECTOR	NTERVAL BETWEEN
DUE TO Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CONTRIBUTION CON	DISET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONth, Doy, Year While of work	Lucus
DUE TO Several Due to	5 years
Iying couse lost. (c)	1
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While of work 20c. PLACE OF INJURY (Home, farm, foctory, street, office bidg., etc.) Not while of work 20c. Time of injury in Port I or Port II of item 18.) 21. 1 certify that (I) (this haspital) attended the deceased fram. 21. 1 certify that (I) (this haspital) attended the deceased fram. 22. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) 22d. ADDRESS	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of two work of two of work of two work of tw	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of two	YES NO
Hour a. m. p. m. 19 While of work of while of work 19 foctory, street, office bldg., etc.) 21. 1 certify that (I) (this haspital) attended the deceased fram. 22. 19 60, and that death accurred at 5 P.M., fram the causes and on the deceased fram. ATTENDING MED. 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	
21. I certify that (I) (this haspital) attended the deceased fram	nty) (Stote
21. 1 certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive an NOV-23 1960, and that death accurred at 5PM, from the causes and on the deceased alive at the causes and on the deceased alive at the causes are the causes and on the deceased alive at the causes are the causes and on the deceased alive at the causes and on the deceased alive at the causes are	that (1) (w/4) las
220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S NAME (Type) NAME (Type)	and the second
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS	22b. DATE
NAME (Type)	12/1/60
12.00 MILLION (212 - 1.11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	RAITIN
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	13/11/0 20
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BENOVAL (Specify) BELPIR MEM. GARDENS 23d. LOCATION (City, town, or county)	VLAND
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE

The state of the s THE REPORT OF THE PARTY OF THE THE CHARLES THE MENT OF THE STATE The state of the second st A THURSDAY STAND TO THE BUILDING

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e. IS RESIDENCE ON A FARM? YES NO

Yeor

60 19

Reg. Dist. No.

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

Months

. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT	Address
es, no, or unknown) (If yes, give war or dates of service) 212032432	Raymond Davies	some
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carlo Varala Rind Dis	INTERVAL BETWEEN ONSEL AND DEATH
Conditions, if any, which		
gave rise to immediate cause (a), stating the <u>under-</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part 1 or Part II	of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City of factory, street, office bldg., etc.)	r town) (County) (State)
21. I certify that I attended the deceased fram. 25) alive on 12, 19, and that		the causes and an the date stated abave
ACTUAL SIGNATURE MAN ALL MAN	M.D. 1614 MWW 14	t, city or town, state) DATE SIGNE
PHYSICIAN'S HOW MY GUYD WM MY ON	our Cathedral Ball	(14) Md
G. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME SWILL ALL SPORTS 11-19-60	TERY OR CREMATORY 22d. LOCATION BOX	timore, Md. (State)
Leonard J. Ruck 5305 Harford 1	Rd. 24a. REC'D BY REGISTRA DATE NOV 1 6 '60	24b. REGISTRAR'S SIGNATURE Oring S. Kraus

VS A15 (4) 15M 9/55

the registrar

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2263 the restriction of the Restriction of the office of the restriction of the second of t

arthur S. Hrank

12204 CERTIFICA	IE OF DEATH
n. PLACE OF DEATH o. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland 2 /2 days	c. CITY OR TOWN (If Guiside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS 1100 S LINWOOD AVE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) Signature of the print of the pri	S DAVIS 4. DATE Month Day Year OF DEATH 11 14 1960
5. SEX 6COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS logt, birthdoy) 44 yrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	Pennsylvania U.S.A.
13. FATHER'S NAME JOHN DAVIS	Lylean Richards
(Yes, no, or unknown) (If yes, give war or dates of service)	spital Records, Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Far adv	anced Pulmo Tubercularis. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \cdot \sigma
	D. (Enter nature of injury in Part I or Port II of item 1B.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, affice bldg., etc.)
21. I certify that M (this haspital) attended the deceased fram saw the deceased alive on 11 - 14 1960, and that a 220. SIGNATURE 22c. PATSICIAN'S Wm. Newcomer, M.D., Superintendent	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS Mt. Wilson State Hospital, Mt. Wilson, Md
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Of Burial Specify 11/17/60 Moreland M	emorial Park Baltimore, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Brooks Bradley, Inc., Dundal	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
marter brooks bradie, the, bandar	The Land BATE NOV 18 60 Cathar & Hans

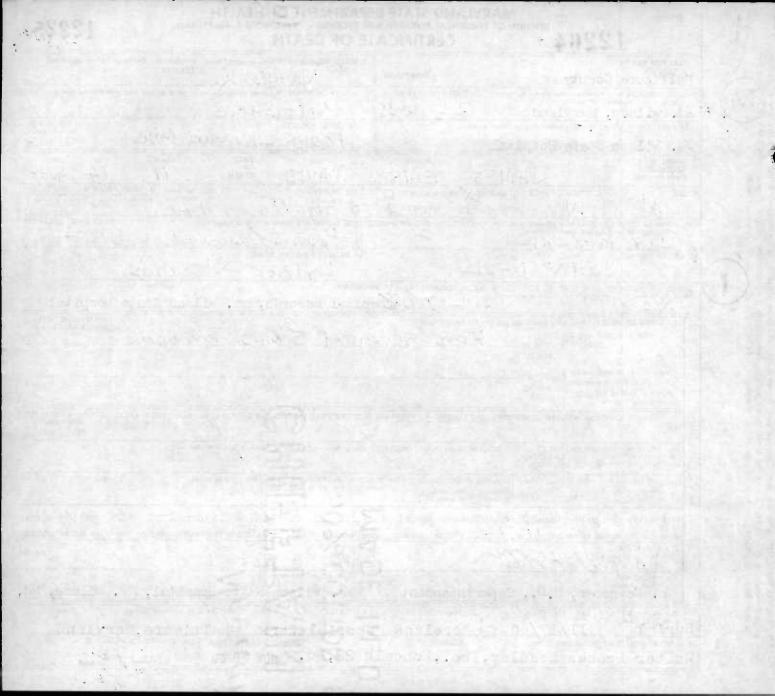
the attending physician and completely filled in by the funeral a Then please remave corbon papers. Pages 1 and 2 should be fil TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any every within 72 hours after death. may be retained by the haspital or attending physician.

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ed with

s after death. Page 4 the funeral director,

VR A15 (4) 1SM 9/S9



may be radined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled at by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VS A1S (4) 1SM 10/57

after death: Page 4

12226

12265

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH	Baltimore	MA	RYLAND	il o. STATE	DENCE (WI		d lived. If instituti b. COUNTY	on: Residenc	ce before adm	ission)
	b. CITY OR TOWN (If outside corporate limits, wri	ite c. LENGTH OF STA	AY IN 1b	c. CITY OR	TOWN (If o	outside corpo	prote limits, write R	URAL ond g	ive nearest to	wn)
	Cator	rsville	6yr7mth50	lys	В	altim	ore		3 V	01	-4
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet oddress)		d. STREET A						A FARM?
	SPRING (ROVE STATE	HOSPITAL		2128	EXEMPEX 1	West E	Bal timore	St.	YES	□ NO □
	NAME OF DECEASED (Type or print)	Margaret	Midd H		Davis	st	4. DATE OF DEATH	Novem		Day 22	Yeor 19 60
5. 9	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MAI	RIED	B. DATE OF BIRT	н		9. AGE (In years		TYEAR IF UN	
	female	white wo	OWED A ? DIVOR	CED 🔲	1889	?	MUSI	lost birthdoy) 71 yrs.	Months	Doys Hour	s Min.
10a	. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign c		12. CITI	ZEN OF WHA	AT COUNTRY?
	housewil						yland		U.	. S. A.	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	unkr	nown				unl	known				
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY I	NO. 17. I	NFORMANT			Add	ress		
u	nknown		unknown	Re	ecords:	SPRI	NG GF	COVE STA	TE HO	OSPITAL	L
ATION	Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate (Generalized	l arte	erioscle	rosis			/EN IN PART	PERF	
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 20	DESCRIBE HOW INJURY	20e. PL	D. (Enter noture of ACE OF INJURY (ctory, street, office	Home, form	n, 20f. (Cit)		(C	ounty)	(Stote)
MED	Hour o.m.		hile Not while work of work	100	crory, street, office	e blag., erc	-)				
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Stella Wachs	9 60, and the	at death	accurred at	1:40s ING G	ADDRESS (S ROVE	n the causes of licet, city or town, STATE 1	and an th stote) HOSPIT	ne date sta	nted abave. DATE SIGNED
220	BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CI	METERY O				TION (City, town,		(S)	lote)
N	REMOVAL (Specify)	Nov. 25, 1960	St.Paul'	s Met	hodist (Cem.		Grove (Ye		1 -	na.
	FUNERAL DIRECTOR		ADDRESS				D BY REGIST		STRAR'S SIG		
	William C	look, Inc.	1217 St. Pa	ul St	reet	DATE	2 8 '60		in 8 7	Ennes	
						1101			- TAN G. 1	Granda	

nt was see	E OF DEATH		1	
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Ora Mark Co.) Fallas.	ment one of			
		ert. Lest .f	, Tee. 12h	bott Britis

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12267 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

12228

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
1	O. COUNTY Balto. MARYLAND	o. STATE MCI, b. COUNTY Balto.				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
	6737 Dogwood Rd.	6737 Dogwood Rd. YES NO.				
	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year				
	(Type or print) Mauche De	Greif DEATH NOV. 1/ 1960				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8/DATE OF BIR/H 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Instrumental				
	female white WIDOWED DIVORCED	7449, 28/900 60 yrs. Months Days Hours Min.				
	10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Housewife Home	md, U.S. A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	HIfred Frizzell	Glenora Ballinger				
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give war or dates of service)	INFORMANT Address				
	no none (1	irs, white - 6737 Dag wood kg				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident -					
	44 X DUE TO // 4 // /					
	Conditions, if ony, which (b) AMUMMUS CAU CAURAL CAURAS					
	gove rise to immediate couse (o), stating the under-					
	lying couse lost.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO					
		YES NO				
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)				
	Hour o. m. While Not while of work of work					
	21. I certify that I attended the deceased from APRIL 15, 1958, to NOV, 11, 1960, that I last saw the deceased					
	alive an NOVell and that death accurred at 1 M. M. from the causes and an the date stated above.					
	ADDRESS, (Street, city or town, stole) DATE SIGNED					
	SIGNATURE THOMAS CAN KLUCK M.D. KANAGUSTOWN - MA 11/11/60					
	PHYSICIAN'S NAME (Type)					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)				
	Beriel 11/14/60 Mt. Oliv	e Rundallstorn Md.				
)	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	John T. Stansbury - 6411 Windso:	DATENOV 1 4'60 Colling & Krous				
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12229

1. PLACE O	F DEATH) IY DOLLO	MARYLAND	2. USUAL-RESIDENCE (Where deceased live o. STATE	d. If institution: Residence bell b. COUNTY	fore admission)	
RURAI	OR TOWN (If outside carporate limits, write and give nearest town)	c. LENGTH OF STAY IN 1b	Saltimare	limits, write RURAL and give n	earest tawn)	
d. NAMI	OF HOSPITAL (If not in hospital, give street STITUTION A	address	4918 Westhi	lls Rl	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Frederick & Devolvery & DEATH 100, 11/60						
S. SEX	6. COLOR OR RACE 7. MARE WIDOW		8. DATE OF BIRTH 01.00 95 9. A	GE (In years birthday) Months Days	MR IF UNDER 24 HRS. Haurs Min.	
100. USUAL during 13. FATHER	most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State or foreign country) 11. MOTHER'S MAIDEN NAME	12.CITIZENO	S, CL.	
Fre	Frederick M. New Berry Julia - 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 Address - 22-3 Address					
(Yes, no, or un	known) (If yes, give wax or dates of service)	13-03-91537	rederick to New	herry frie	esthills	
/8. CA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).]	y Themesis		ITERVAL BETWEEN NSET AND DEATH	
gave	titians, if any, which rise to immediate (a), stating the <u>under</u> (b) DUE TO	prening	ELEWITE ELL	E WA		
	, (c)		NOT RELATED TO THE TERMINAL DISEASE CO		19. WAS AUTOPSY PERFORMED? YES NO	
OR CO						
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 While Not while at work at work at work 19 at work 19 Not while 19 Not work					
	21. I certify that (I) (this haspital) attended the deceased from 19.5.7.to 11.19.60, that (I) (we) last saw the deceased alive an 11.11.19.60, and that death accurred at 12.11.19.60 the causes and on the date stated above.					
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. PHYS. ATTENDING DIRECTOR PHYS. PHYS.					
	22c. PHYSICIAN'S NAME (Type) JOHN IJ SINDWING. 22d. ADDRESS SPONG PIMON USCIN 1705 BOWLEY,					
REMO	REMOVAL (Specify) 236. DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 23d. TOCATION (City, lawn, or county) (Store)					
24. FUNERA	DIRECTOR'S SIGNATURE 1016	anondo	250. REC'D BY REGISTRAR DATE NOV 1 5 '60	25b. REGISTRAR'S SIGNAT		

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21. I certify that I attended the deceased from L

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e. IS RESIDENCE

YES NO

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

Day

Days

ON A FARM?

Year

1900

(Caunty)	(State)
that I last saw and an the date	stated abave
arkway	nov 2,19

Z_M, from the causes

SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22d. LOCATION (City/lawn, or county) 22c NAME OF CEMETERY OR CREMATORY (State) KEMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kroug

and that death occurred at

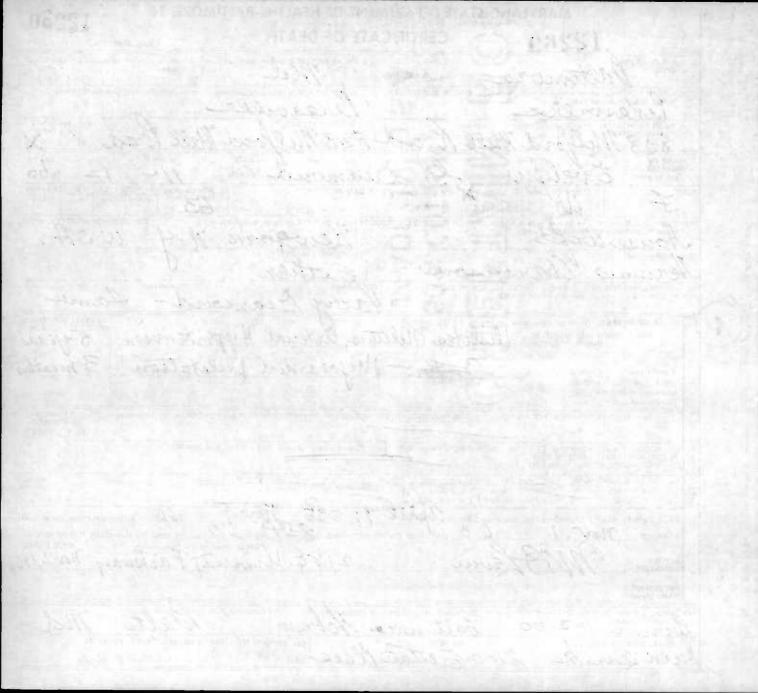
certificate has been si Use detached TO FUNERAL DIRECTOR: by pe rained page 3 shauld VS A15 (4)

15M 9/5B

burial,

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pr



s ofter death. Page 4:

TO HOSP

VR A1S (4) 1SM 9/597

MARYLAND STATE DEPARTMENT OF HEALTH

12266 CERTIFICATE OF DEATH

1	9	9	9	100
1	2	6	4	6

1	PLACE OF DEATH a. COUNTY Baltimor	'e		MARY	LAND	2. USUAL RESIDENCE o. STATE Marylan	1000		. LINITO	esidence befo	ore admission)
1	b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	CITY OR TOWN		orporote limits,			orest town)
-	Owings Mil d. NAME OF HOSPITA OR INSTITUTION	ls	give street	10 days		d. STREET ADDRES		gan St.	Berl	in.Ge:	e. IS RESIDENCE ON A FARM?
1	Rosewood St	ate Train	ing S	chhol		Owings	Mills.	Maryl	and		YES NO
3	NAME OF DECEASED	Fi	rst	Middle		Last	4. DAT		Month	Do	y Yeor
	(Type or print)		gela		I	DiFilippo	DEA	\TH	Novem		6 19 60
S	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔼 E	. DATE OF BIRTH		9. AGE (I lost bir		nths Days	Hours Min.
	Female	White	WIDOWE	DIVORCE		July 24.	1960		yrs. 4	2"	Hoors Min.
1	Oa. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State or foreig	in country)	1:		F WHAT COUNTRY
	None			None		Berlin,	Germa	ny		U.S.	A.
1:	3. FATHER'S NAME					14. MOTHER'S MAID	DEN NAME				
1	Louis Law	rence DiF	ilipp	0		Marion	Murphy	Sander	S		
	S. WAS DECEASED EVER		RCES? 118.		. 17. IN	FORMANT			Address		
	No			None		Rosewood R	ecords			2100	
	IB. CAUSE OF DEAT	H [Enter only one co	ouse per lin	for (o), (b), and (c).						INT	ERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	1 1	klum	on	in a				OIV	Two,
	450 X	DUE TO				4				57 2	
	Conditions, if on	y, which) (t	Me	droce	as	halus	, Cl	efr	_		Berth
	gave rise to im	mediate (0	1						.,
	lying couse lost.	le dider)_/	Dalu	Ke						
140174	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE I	TERMINAL DIS	EASE CONDIT	ON GIVEN IN	N PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
- 1		UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injur	ry in Part I or	Port II of item	18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	20d. It While of work	NJURY OCCURRED Not while t ot wark	20e. PLA foci	CE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (., etc.)	(City or town)	31/74	(Caunty)	(State)
	21. I certify that	(I) (this hospito	l) oftend	led the deceased	from /	1125	1960 1	0-11/26	/	19 60 th	not (I) (we) lost
		d alive on_U/	-			eath accurred of	130M fro	om the cau	ses and a		
	220. SIGNATURE	16	7 -	-17 -	_						22b. DATE SIGNED
	Dran	4 B. /.	Suc	lee m	DIN	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNEL
	22c. PHYSICIAN'S NAME (Type)	1	-			22d. ADDRESS					
	TVAME (Type)				33.10						
2	3a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THERE	-60	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LC	heater	, tawn, ar cou	nd,	(State)
2	4. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	0	/ 25a.	REC'D BY RE		b. REGISTRAF		
1	Simme	n Brev	2,	1661 - Je	· de 1	Lete R F DATI	E NOV 2	9 '60	anth	an S. For	au.
E	9VVVVVV	JXVV		WAXI	00	-/	W-F-/				

			18281
	and the second		4.00
		0.1000	
	File Local Assembly		
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	Commence of the Commence of		
		the second second	
	and the second second		
			W. A.S. T.
	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
		STATE OF THE PARTY	

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS 1

1.0010		
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission
Baltimore MARYLAND	Maryland b. COUNTY Balt	imore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest lown)
Rural Parkville	Rural Parkville	3 VO1.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Johnny's Submarine Shop	d. STREET ADDRESS Barclay Street-1	8 . IS RESIDENCE
Corner YakOnna and Loch Raven	301h Bankley	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Dey Yeer
(Type or print)	DESTH	5 1960
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
female White WIDOWED DIVORCED	July-1927 lest birthday) Months Do	eys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stala or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Waitress Johnny's Sub St	hop Wilkesbarre, Pa.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nathan C. Smith	Anna May Holter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgivewerordelesofservice)		
no - Mr.	. Eugene Dobbins-3014 Barcl	ay St.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery thi	rombosis	ONSET AND DEATH
420. / DUE TO	.000000	
Conditions, if any, which) (b) Coronary artery art	teri ceclemei s	A DOMESTIC OF THE PARTY OF THE
gave rise to immediate cause	religion	
(a), stering tha undarrying		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
OEA		PERFORMED?
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	inter neture of injury in Pert I or Pert II of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20%. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
	CE OF INJURY (Home, ferm, ' 20f. (City or town) (Count	y) (Stele)
Hour a.m. While Not While factor	ory, streat, office bldg., etc.)	(31616)
	Handanian D. Landian D. L. C. D.	1.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes , Accident , Suici		
ACTUAL (O)	CHIEF MEDICAL EXAMINER	
SIGNATURE Calles J. Cly	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S		1/6/60
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Addrass (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country)	(State)
REMOVAL (Specify)		
Burial 11/9/60 Cathedral Co	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
WIEDEFELD & SON-Greenmount Ave & :		Thous
	I DATE NOT	

The street is an in a principle of the street of the stree green and the Carl direct Transpille 30th fire wer atrest-18 and the second stands navel neo TY COL e todrava! edula aDine 2201-01102 Labrance's Sub Short I Wilsonerve, Fa. 1 delimina. So resoltate Mr. Surene Dobbins-3014 Barclay St. e leocalitati de madra agrandos e functions from the weather wrecord) Charlen S. Petty .otie Burto de la la Contracte Com. WESTERNAM SOMEON OF THE WASTER AVE BY 22nd - LOVE BY THE THE THE SAME OF THE PROPERTY AVE. BY 22nd - LOVE BY 22nd - LOVE BY THE PROPERTY AVE. BY 22nd - LOVE BY 22

MARYLAND STATE DEPARTMENT OF HEALTH O DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH

		2261		CEKIIF	ICAI	E OF DEATH				14	2202
1. PLACE o. COI	of DEATH	ltimore		MARY		2. USUAL RESIDENCE (Who o. STATE Maryl		lived. If institution b. COUNTY	on: Resident	ce before ad	mission)
b. CITY	AL and give near	outside corporate limitest town) tonsville	ts, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or Baltimore 17		ate limits, write R	URAL and g	give nearest	own)
d. NA OR	INSTITUTION	use In The				d. STREET ADDRESS Maryland		31	101	_4 0	RESIDENCE N A FARM?
3. NAME DECEA (Type		HOW AR		Middle B.		DODSON, SR.	4. DATE OF DEATH	Nove	mber 2	Day 25	Year 19 60
s. sex		White	7. MARRIED	ENTRY DAY		une 24, 1874		9. AGE (In years last birthday) 86 yrs.		Days Ho	
durir	AL OCCUPATION og mast of workin esman	(Give kind of work og life, even if retired))	ober Good		Maryland	or foreign co	untry)	12. CITI.	ZEN OF WH	AT COUNTR
	R'S NAME Marion I	odson, Sr				14. MOTHER'S MAIDEN N Malvina Bar					
1S. WAS (Yes, no. ar No		N U. S. ARMED FOR yes, give war or dates of s	ervice)	-03-3954		Bessie K.	Dodson	Add n-824 Nev		on Ave	nue
gav	nditions, if any te rise to imi te (a), stating the g cause last.	mediate (Jene	raliza	da	tenosele	17-81~	>		10,	37
CERTIFICATION 30 SOG	ACCIDENT WAS					OT RELATED TO THE TERMI			EN IN PAR	PE	AS AUTOPS RFORMED?
₹ 20c.											
WEDICAL	Haur a. m.	Month, Day, Yes	or 20d. INJUI While at wark	RY OCCURRED Not while at work		E OF INJURY (Home, farm rry, street, office bldg., etc		or town)	(C	County)	(Sta
21. I saw 220.	Haur a.m. p.m.	(1) (this haspital	While of wark [Not while of work	facto	ath accurred at Di PHYS. Di 22d. ADDRESS	M, fram	11-2	19£	(i), that (e date sta	l) (we) loted abov 22b. DATE SIGN

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within valued by the haspital ar attending physician. VR A1

1SM 9/59

THE RESERVE AND ADDRESS OF THE PARTY OF THE 1000 The first of a part of the par ber Scroll Large - dille The second secon parment and parties of the posteron of the parties of the country of the country

tare Community of Contracts of the Second of the Contract of t

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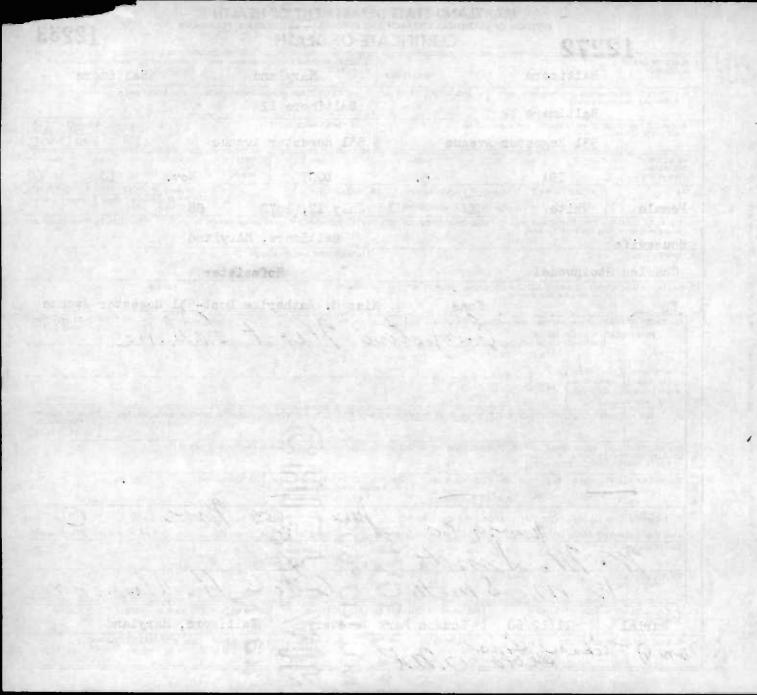
rs after death. Page 4

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and one than the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and yet the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

1 2	1979	CERTIFI	CATE	T DEATH		445		THE	,01)
a. COUNTY	Baltimore	MARYL	0 51	AL RESIDENCE (WE		ived. If institution b. COUNTY	Balti		sian)
RURAL and give n	Baltimore 1	12	Ва	ITY OR TOWN (IF a		te limits, write R	URAL and give		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give		531	Regeste:	r Avenu	e /			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First IDA	Middle M •		Lost DOST	4. DATE OF DEATH	Nov.	th 1	/	Year 19 60
s. sex Female	White w	MARRIED NEVER MARRIED	□ Jul	of BIRTH y 12, 18	72	AGE (In years last birthday) 88 yrs.	IF UNDER 1 Y	ys Haurs	Min.
10a. USUAL OCCUPATION during most of wor Housewife	rking life, even if retired)	e 10b. KIND OF BUSINESS OR	R INDUSTRY 11.	Baltimore			12.CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME Charles	Steinwedel		14. M	THER'S MAIDEN I	NAME ofmeist	er			
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		17. INFORMAL			Add		r Ave	nue
Canditians, if a gave rise to cause (a), stating lying cause last. Part II. OT	immediate DUE TO	IONS CONTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERM	IINAL DISEASE (CONDITION GIV	VEN IN PART 1(a) 19. WAS	AUTOPSY ORMED?
PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	'AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OC	CURRED. (Enter	nature af injury in	Port ar Part	I af item 18.)] NO []
	RY Manth, Day, Year	20d. INJURY OCCURRED While Not while at wark at wark		NJURY (Hame, farmet, affice bldg., etc.		r tawn)	(Cau	nty)	(State
21. I certify the saw the deced 22a. SIGNATUSE 22c. PHYSICIAN'S NAME (Type)	Go	strended the deceased of 1969 and 1960	that death a	courred at 25 Mars. TENDING Mars. J. ADDRESS 3	M, fram the	STAFF PHYS. Mu M		ate state	(we) las d abave 2b. DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify BUTIAL)	ON, 23b. DATE THEREOF 11/12/6	23c. NAME OF CEME Loudon P				on (City, town,		(Sta	ite)
Um. g. T	ACCEPTATION OF THE PARTY OF THE	pro-17, no	e	25a. REC	D BY REGISTR		STRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

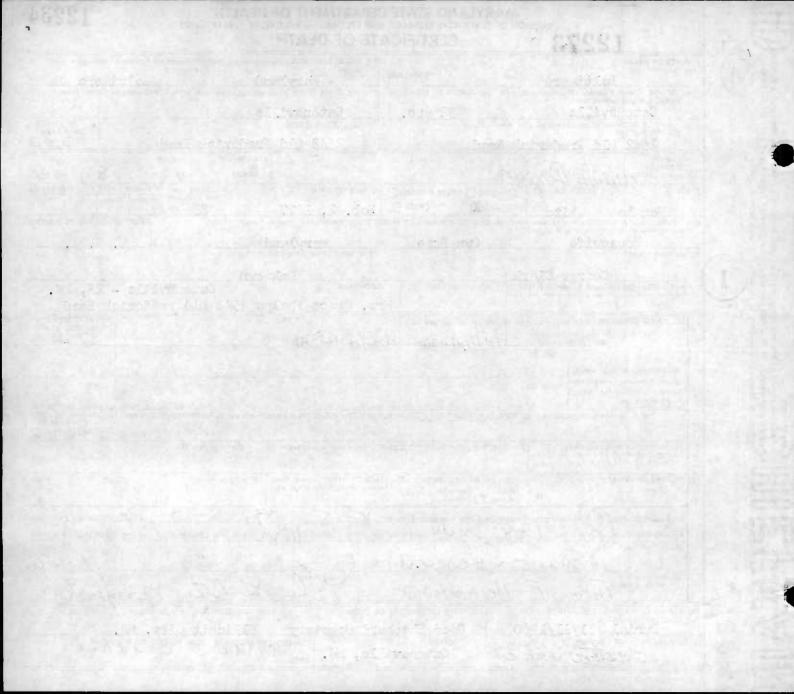
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-1	0	6.7	100	1				
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-1	Aur	Aug.	4	•	_		_	

	CMP Page 18 3 J						
1. PLACE OF DEATH o. COUNTY		44 4 DV4 4 A4	2. USUAL RESIDENCE	E (Where deceas	ed lived. If instituti		fore admission)
I	Baltimore	MARYLAN	Mar	yland		Baltim	ore
RURAL ond give ne	4	00	6		porote limits, write R	URAL ond give no	earest town)
Catons		32 yrs.	22 Catons				
OR INSTITUTION	AL (If not in hospitol, give)1d Frederick		d. STREET ADDRE		erick Roa	a	e. IS RESIDENCE ON A FARM? YES NO
				-	-		
3. NAME OF DECEASED (Type or print)	NIE DYSO	Middle	Last	4. DATE OF DEAT	H //	- 5	8 19 60
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS
D7 -	VID . L. WI	DOWED TO DIVORCED	Fob 2 10	לוק	lost birthdoy) 83 yrs.	Months Doys	Hours Min.
Female	WILLE	10b. KIND OF BUSINESS OR IN	1 Feb. 2, 18		44	12 CITIZENI	OF WHAT COUNTRY
during most of work	ing life, even if retired)	TOB. KIND OF BUSINESS OR IN	DUSIKT III. BIKIHPLACE (Store or foreign	country	72. CITIZEIN C	OF WHAT COUNTRI
Hous	ewife	Own Home	Mary	land		U.	S. A.
13. FATHER'S NAME		der Billson	14. MOTHER'S MAIL	DEN NAME			
	Coorgo Classi			Troles or			
S WAS DECEASED EVE	George Clark R IN U. S. ARMED FORCES		7. INFORMANT	Unknown	Co + - Add	re\$7.7 -	20 263
(Yes, no, or unknown)	(If yes, give war or dates of service	•)				Ville -	,
No			Mrs. Grace P	helps 2	042 Old F	rederick	Road
	TH WAS CAUSED BY:	per line far (o), (b), and (c).]	10 anoma				NSEL AND DEATH
100	IMMEDIATE CAUSE (o)	Via Contract	14 fariona	-			Jan.
1 10	DUE TO						
Conditions, if o							
gove rise to it							
lying couse lost.	(c)						
Z PART II. OTH	- ''	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPS
PART II. OTH						,	PERFORMED?
	- In						YES NO
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of inju	ry in Port I or Po	ort II of item IB.)		
20c. TIME OF INJUR Hour o. m. p. m.		While Not while '	PLACE OF INJURY (Home, foctory, street, office bldg		ity or town)	(Count)	y) (Stote
₹ p. m.	ly l	ot work ot work					
21. I certify tha	(1) (this haspital) a	ttended the deceased fra	m 8-15	. 1955, to	11-8	1960	that (1) (we) las
saw the deceas	alive on //-	8 1960 and the	at death accurred a	125 M from	the causes or		te stated above
22o. SIGNATURE	7/	7 7	a deall decorred di		in the cooses of	io dii ine dai	22b. DATE
220. SIGHATORE	Skomas o	Serbert		MED.	STAFF PHYS.		11-10 G
22c. PHYSICIAN'S NAME (Type)	Thomas F.	Herbert, M.D.	22 ADDRESS	wolf	City	mand	and
230 RIIPIAI CPEMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	334 100	ATION (City, town,	or county)	(Stote)
REMOVAL (Specify)	33 /38 /30/0						(Sidle)
Burial	. 111/11/1960		herd Cemeter	,	licott Ci		
24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Catonsv	ille, Md. DAT	NOV 1 4	STRAR 2Sb. REG	Istrar's SIGNAT	TURE Chause
			DAI				

may be "Annied by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, at remaval, and in any event, within 72 haurs offer death. rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

VR A1S (4) 1SM 9/59



12274

CERTIFICATE OF DEATH

12235

								Kañ. Diai.	10.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDI	NCE (Where dec		If institution. COUNTY	n: Residence b	efore admis	ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside o	corporate lin	nits, write RU	RAL and give	nearest tow	n)
KORAL did give	Catonsvil	le	9 Days	I	Baltimor	е		31	10	1-4
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,		oddress)	d. STREET AD					e. IS RE	SIDENCE A FARM?
Summit Nur	sing Home				3039 W.	Belve	dere A	ve.	YES [] NO []
3. NAME OF DECEASED (Type or print)	Cather		Middle	Ehoff	4. DA		Nova	24	Day	Yeor 1960
5. SEX			IED NEVER MARRIED	B. DATE OF BIRTH		9. AG		IF UNDER 1 YE	AR IF UNE	
Female	White	WIDOWE		ABOUT ?	3/4/87	lost	birthdoy) 7 yrs.	Months Doy	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU			ian country)	1 /	12. CITIZEN	OF WHA	T COUNTRY:
during most of wo	rking life, even if retired	1)	At Home		more, M				101 1111	COUNTRI
13. FATHER'S NAME				14. MOTHER'S					- 5	
	Thomas	s Fit	zgerald		Margare	t Gree	en			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.		INFORMANT			Addre	PSS .		
(Yes, no. or unknown)	(If yes, give wor or dates of	tervice)	None M	c. Clem E.	Ehoff,	3039	W. Be	lveder	a Ave	•
18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]		1			11	NTERVAL B	ETWEEN
PART I. DE	ATH WAS CAUSED BY:	. (COLOURTY	ocalus	105			C	SHSET AND	
113	DUE TO	A.	nailenal / ti	La saul	56.41				1	
C. IV.	- 4	11. 6	Land Ha	7 4 0	2/2	-d-	. 1.		100	20
Conditions, if	immediate	17/		ect arre	297 60	Secret	256 16	477		->
cause (o), stating lying cause lost	the under-	Hyp	beatersise.	Heartde	Seespi	arto	11000	lerosis	6 y v	15
PART II. O'	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	HE TERMINAL DI	SEASE CON	DITION GIVE	EN IN PART 1(c	1) 19. WAS	AUTOPSY
3 Tober	culous a	de	eitis, el	ouic			C	KS O		ORMED?
20a. ACCIDENT WOR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH AMEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Port I o	r Part II of i	tem 1B.)			
3 20c. TIME OF INJU	RY Month, Day, Ye	and the second	E.	LACE OF INJURY (Hactory, street, office	ome, form, 20f.	(City or tow	/n)	(Coun	ity)	(State)
Hour a.m.	10	While of world	Nat while	actory, sireci, office	orogi, etc.)					
21. I certify t	hat Lattended the	decease	ed from V14 5	. 19.57.	10 NOV	2-4.	1960	that I last	sow the	decease
alive on No		. 19 4		h occurred at	1 765			nd on the		
011.20	7		ty, and mai dean	ii occorred di_			ty or town, s			ATE SIGNED
ACTUAL SIGNATURE	ulsely 9	Yol	butilieres	MD	3806 Fal			51.0	V 25	1960
	1	(5		~ E 3- E E			X	الواد من المواد المواد	
PHYSICIAN'S NAME (Type)	Randolp	h H.	Spitzberg, M.	D	Baltimor	e 15	, Md.			
220. BURIAL, CREMATI	ON, 22b. DATE THEREC		22c. NAME OF CEMETERY		22d. L	OCATION (City, town, o	r county)	(Sto	ote)
REMOVAL (Specify Burial	11/28/6	0	Cathedral	Cemetery		Balti	more,	Md.		
23. EUNERAL DIRECTO			ADDRESS		24a. REC'D BY RI	GISTRAR		TRAR'S SIGNA	TURE	THE STATE
6. Vernon 2	emmon 46	ll Pa	rk Heights, B	alto.Md.	DATE WATY Z	8 750	an	Thur 8. 40	inno	

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with may be Endined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24.

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8 8	1	12275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12236
should b	X	1. PLACE OF DEATH a. COUNTY Bd/fihore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Indregion L. COUNTY Ahha Aruh de
Page , buriol,		b. CITY OR TOWN (If purishe corporate limits, writer RUAL and give nearest nown) and give nearest town of the state of the
stor.	14	d. NAME OF HOSPITAL OR INSTITUTION (If got in hospital, give alreet address) OF THE FORM OF HOSPITAL OR INSTITUTION (If got in hospital, give alreet address) ON A FARM? YES NO P
unera your egistrar		3. NAME OF DECEASED (Type of print) Ann A ETKAN Ekas 4. DATE Month Day Year OF DEATH NOV. 24 19 60
to the fined for		5. SEX 6. COLOR OR RACE 7. MARRIED NIEVER MARRIED 8. DATE OF BIRTY 9. ACF (In years low years) WIDOWED XX DIVORCED 18. DATE OF BIRTY 3/8/ 19. ACF (In years low years) Hours Min.
and 3 be reto	10	100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIFTHPLACE (State or fareign county) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
oges 1, 2, ge 5 moy poges 1 c	(1)	13. FATHER'S NAME August clay 14. MOTHER'S MAIDEN NAME Sun
Sive Poge 7. Poge File po	()	15. WAS DECEASED EVER IN U. S. ARMEDIFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RECUYES SPIRE Grove State Hay
n 18. Orm P.M.; permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) TYPY (CSC) RVS FTC HEAT DISTRES, INTERVAL BETWEEN ONSET AND DEATH
ang with fo		Canditions, if ony, which (b) C-2 2+2/122 & Artario se/210515
in pend in pend is olang o burio		(a), stating the underlying DUE TO
nding: r's Offic used as	Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ord "pe xamine yuld be		20c. EXTERNAL CAUSE WAS PIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
ing the word Medical Exc Page 3 shou		Hour o. m. p. m. 19 of work
e		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined cause
rtificote, write to the Chief.	2	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ()
cute 1 Cert forworded 1. O FUNERAL or removol.		EXAMINER'S W.E. MC Grath M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER
forw forw	BP	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
/S. A15ME(5) 5M 9/55		Wm. Cook, Inc. 1217 St. Paul St. DATE NOV 28'60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR STATE HEALTH DERI TO DELUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Stelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filler. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 73 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 257

3.	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. STATE RATYLAND b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Dyndalk	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Rockdale
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Lied while at work on bus	7801 Gaywood Circle
	(Type or print) David & dward	vans 4. DATE NOV 14/60 Dey Year 19
	Male white widowed Divorced	P. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Hours Min.
13 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Largaret McCormick NFORMANT Largaruite Evans 7801 Gaywood Circle
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava risa to immediate cause (e), stating the undarlying cause lest. (c)	Ocelusin Interval Between ONSET AND DEATH
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) ory, streat, office bldg., etc.)
1	21. I certify that I took charge of the remains described above, he death resulted from Natural causes Accident	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	REMOVAL SAPETY NOV 17/60 New Cathedr	CREMATORY 22d. LOCATION (City, town, or country) (State)
3	Ellsworth Armacost 4600 Liber	

Film & 279-1/17/61- For for one certificate -Original certificate pigned by Su. Benj. Berdanor dictinged. made of the state of

FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12276 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

eg. Dist. No. 12239

	Keg, Dist. No.
1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN CHESASCO PK RURAL BALTO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CHESASCO PK *RURAL BALTO
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 305 Patansco AV STREET ADDRESS ON A FARMA YES NO PATANSCO AV
3. NAME OF DECEASED (Type or print) EUGENE GEORGE	EVANS 4. DATE Month Day Year OF DEATH NOV 11 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	10-2-26 St. yrs. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) CARPENTER	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) BALTO. MD. 12. CITIZEN OF WHAT COUNTRY 21. S. G.
NORMAN C EVANS	14. MOTHER'S MAIDEN NAME EUGENIE BENA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. no. of unknown) (If yes, give wer or dates of service) 219-22-5824	AR. NORMAN EVANS (SAME AS ABOV
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions. if any, which gave rise to immediate cause (a), stating the underlying couse lost.	IGHT TEMPLE INST
DEPRESSION From history	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e 12 14 Co. m. Nov 11 19 60 While Not while 30 work 11 19 60 of w	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) home PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Balto rural Balto Md
21. I certify that I taak charge of the remains described opinion death resulted fram: Natural causes [], Accide	
EXAMINER'S NAME (Type) John C Hyle	ASSISTANT MEDICAL EXAMINER 1/-1/-60
220. BURIAL, CREMATION, 22 DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) BURIAL 11-15-60 BALTO.	RY OR CREMATORY 22d. LOCATION (City. Hown, or county) (Stofe) WATIONAL BALTO, MD.
23. FUNGRAL DIRECTOR'S SIGNATURE APORESS AND A, Connelly 4186 estern	340. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE NOV 1 6 '60 Cirly & Kraus

TO DEPICE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delation is necessary, please executed the certificate, writing the ward "pending" in pencil in Item, 1B. Give Pages 1, 2, and 3 to the fig. I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be returned for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

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1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If insti b. COUN	JTY	ce before adr	
b. CITY OR TOWN RURAL ond give Dund		s, write	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN	(If outside corpo	rote limits, wri	te RURAL ond g	give nearest to	own)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, gi		ddress)		d. STREET ADDRES		Blvd.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Firs LEWIS	t	Middle		Last VANS	4. DATE OF DEATH	Novem	Month ber 8	Day	Year 19 60
5. SEX Male		7. MARRI	ED NEVER MARR	IED 8	DATE OF BIRTH ecember 8.	1887	9. AGE (In ye lost birthdo	ors IF UNDER y) Months	Doys Hou	
10a. USUAL OCCUPA during most of w Roller	TION (Give kind of work d orking life, even if retired)		Steel	OR INDUST	Wales	itate or fareign c	ountry)	· i .	ZEN OF WHA	T COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME			100	
James	Evans				Eliza	beth For	ster			
15. WAS DECEASED E (Yes, no, or unknown) No.	VER IN U. S. ARMED FORC	rvice)	OCIAL SECURITY NO		FORMANT • Eugene R	. Evans		Address	v.	
gove rise to couse (o), stotin lying couse los PART II. O	g the under- DUE TO	DITIONS CO	ONTRIBUTING TO DE	EATH BUT 1	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION	GIVEN IN PAR	PER	AS AUTOPSY RFORMED?
200. ACCIDENT V	WAS UNDERLYING DISCOURSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRED	(Enter noture of injur	y in Port I or Por	t II of item 18.			
20c. TIME OF INJ	1.	20d. IN While of work	JURY OCCURRED Not while of work		CE OF INJURY IHome, ory, street, office bldg.		or town)	(0	County)	(Stote
21. I certify of of the an Actual SIGNATURE PHYSICIAN'S	that I oftended the	deceose , 19		t deoth	.p. 1952 to occurred at \$9.				dote stot	
220. BURIAL, CREMAT REMOVAL (Special Burial		12	22c. NAME OF CEN Oak Lawn				TION (City, tov		(5	Stote)
23. FUNERAL DIRECTO	122/20/00		ADDRESS	V CINC		REC'D BY REGIS	RAR 24b. R	EGISTRAR'S SIG	SHATURE	
Ullrich Fu	meral Home I)unda	lk. Md.		DATE	NOV 1 4	'60	Chillian	S. Tunua	b

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. urs ofter death. Page 4 IL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 **TO HOS** VS A15 (4) 15M 9/58

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12277 CERTIFICATE OF DEATH

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TIFIC	ATE	OF I	DE	ATH

12241

2.00	
1. PLACE OF DEATH o. COUNTY Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CRUNSVIILE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 52Catons ville
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION House in Pines, 16 Fusting Ave.	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) S. Bernard Fitzpatri	OF
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE White Widowed Divorce	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Supt. Arundel Sar	nd & Md. USA
Philip J. Fitzpatrick	Catherine Hubbard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes, give war at dates of service) 213 05 8491	D. 17. INFORMANT 636 Plymouth Ades Catons ville
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (c)	na of the Colon ONSET AND DEATH MONTH
ССАТІС	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While at work of wark	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Caunty) (State)
	d that death accurred ate. M, from the causes and an the date stated above.
220. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. 11/20/60 DIRECTOR PHYS. 11/20/60 DIRECTOR 11/20/
NAME (Type Robert A. Reiter,	M.D. 3408 Windsor Ave.
REMOVAL_(Specify)	ephen's Cemt'y Bradshew Md (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NTASO BO STADRELED TOURS Andrew Committee and the management of the will be a selected to be also be a selected to be a selected to be a Color of the second In the color on the stant of Law orders. Help of the second of the control of Section Reservation 17 the William 1. 1.11 The fact of the second Ser Tobert A. Reiter, M.D. Str. Wilderman of any section of the contract Company of the company of the contract of the 's after death. Page

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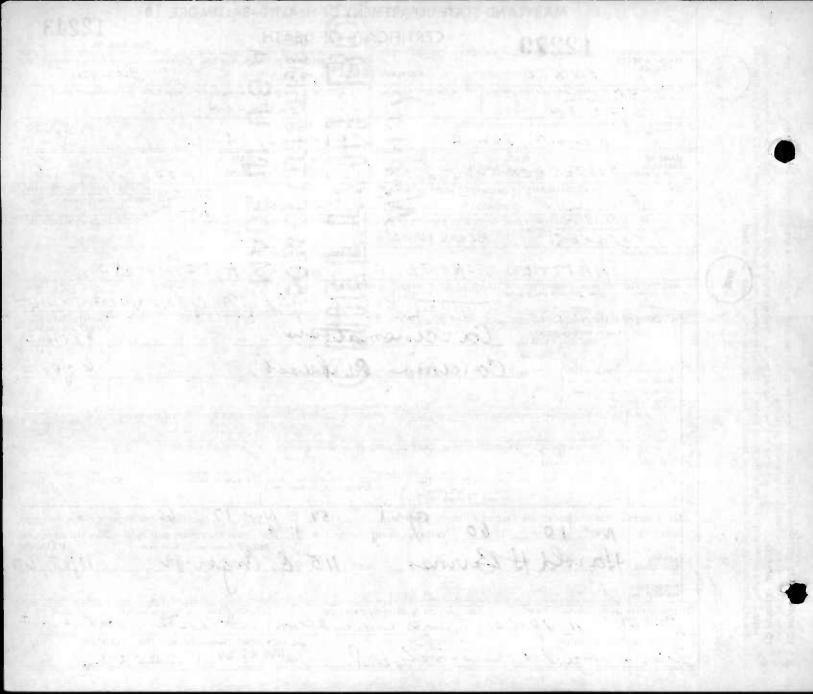
TO HOSS. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be carained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

L			CERTITIO	-715	OI DEAIII					
I	1. PLACE OF DEATH g, COUNTY			2.	USUAL RESIDENCE (WI	here deceased	lived. If institution	Residence be	fare admi	ssion)
1	Baltimore		MARYLAI	ND	Maryla	nd	b. COUNTYX	Gity	BALT	IMORE
I	b. CITY OR TOWN (If autside carporate limits RURAL and give nearest tawn)	s, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If	outside carpora	ite limits, write RUR	AL and give r	nearest lav	vn)
ı	Owings Mills		10 mos.	- E-	4- Middle	River				
I	d. NAME OF HOSPITAL (If not in hospital, gi	ve street o			d. STREET ADDRESS			13 6 10	e. IS RE	SIDENCE A FARM?
	Rosewood State	Train	ning School		/ 71 Hen	derson	Road			NO E
Ī	3. NAME OF First DECEASED		Middle		Last	4. DATE	Manth		Day	Year
1	(Type or print) Judy		Diane		Florrow	DEATH	11		28	1960
	S. SEX 6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D/	TE OF BIRTH	9		Manths Day	_	
1	Female White	WIDOWE	DIVORCED		8/20/55		5 yrs.	Manths Day	s Haurs	Min.
	10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	ane 10b.	KIND OF BUSINESS OR I	NDUSTRY			intry)	12. CITIZEN		
1	none		none		Mar	yland	,	U	. S.	A.
1	13. FATHER'S NAME			14	. MOTHER'S MAIDEN				51.15	
1	Pearl Allan Florro	W			Lor	etta W	areheim,	71 Hen	ders	on Rd.
1	15. WAS DECEASED EVER IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. INFOR			Addres	is	1 1 7	
	no		none		Rosewood R	lecords				
I	18. CAUSE OF DEATH [Enter only one cou	se per lin	ne far (a), (b), and (c).]	Λ	D		0	0.41	NTERVAL E	BETWEEN D DEATH
1	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	4	cute on	K (tenoni	e b-	r un de	-0-		
ı	355 DUE TO	pu	neme	~ 9,	Laire le	ral, 1	extern	rive		
ı	Canditions, if any, which) (b).	0								
1	gave rise to immediate DUE TO	0	rain de	sun	age					
	lying cause last. (c)				V					
I	PART II. OTHER SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIVEN	V IN PART 1(a	19. WAS	ORMED?
1	CAT								YES D	NO 🗆
-	OR CONTRIBUTING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Part I or Part	II af item 18.)			
I	20c. TIME OF INJURY Manth, Day, Yea Haur a. m. 19				OF INJURY (Hame, farm street, affice bldg., etc		or tawn)	(Cauni	ty)	(State)
	☐ Haur a. m. p. m.	While at warl	Nat while	racialy,	siredi, diffee blug., en					
1	21. I certify that (I) (this haspital)) attend	led the deceased fro	am	1/7 19	60, to	11/28	19 60	that (I)	(we) last
1	saw the deceased alive on	11/28	1960 , and th	at deat	accurred at 8:	30, poma	he causes and	an the do	ite state	d abave.
1	22a. SIGNATURE	D	2 -0 10 0	11	ATTENDING M		CTAFF		2	2b. DATE
	on wo ree	ll 2	at rathab	39 R.S.	PHYS. D	IRECTOR	STAFF PHYS.	11-	29	-60
1	22c. PHYSICIÁN'S NAME (Type) Per W	R	ieckers	<u> </u>	22d. ADDRESS 4307	Mar	f. 200 0	Lue 1	Ball	to 14
	230. BURIAL, CREMATION, 23b. DATE THEREO	960	BeL A, R M	RY OR CR	L GARdeis	23d. LOCATI	Of (City, tawn, ar	county)	M	ate)
	24. FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS	0	1 DI 250. REC	D BY REGISTR		RAR'S SIGNA		
1	Chas t. EVANS +	- WA	8802 HAR	told	LE DATEDE	C 1 '60	G. White	un S. Tira	ALA	

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director the funeral should be 5 2 filled i completely puo uo physicie attending py een signed Ď

ofter death. Page

CERTIFICATE OF DEATH 12280 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH b. COUNTY Baltimore o. COUNTY Maryland MARYLAND Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) 1yr Timonium 8409 Bel Air Rd e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? 2345 York Rd e YES NO X 4. DATE Middle 3. NAME OF Month Year First DECEASED 60 11 B. Fowler DEATH 19 Mamie (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX lost birthdoy) 87 yrs. Months 5-9-1873 Doys White Female WIDOWED P DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland home Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Gerber Thomas H. Merryman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO 2345 York Road Timmon W. Leroy Merryman none no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). tec Cardiovesculu Disiase PART I. DEATH WAS CAUSED BY Usul IMMEDIATE CAUSE (o) Ta Cere trul vascular stroke DUE TO (-6mos Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month. Doy, Year foctory, street, office bldg., etc.) Hour a. m. While Not while of work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 2 M. fram the causes and an the date stated above. DATE SIGNED Below Rel ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) (Stote) Md . 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY Frederick Ave. Balto. 11-4-60 Louden Park

Towson 4, Md . DATE NOV 3

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

0 VS A15 (4) 1SM 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

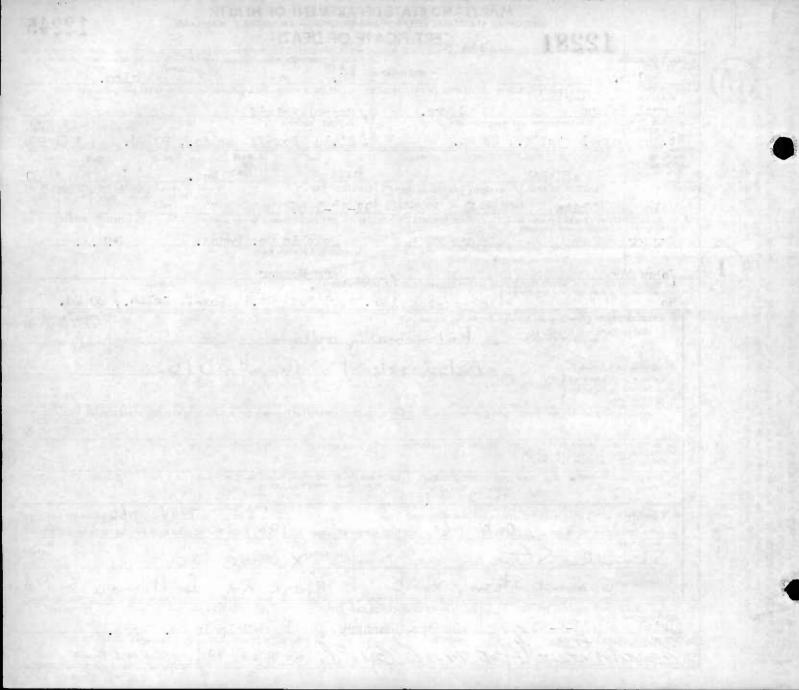
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TO HOSP. OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 have ofter death. Page 4-	To Form the Fernica by the After this certificate has been signed by the attending physician and completely filled in by the funeral director. TO FORM STAND IN COMPANY After this certificate has been signed by the attending physician and completely filled in by the funeral director. For the standard of the seas the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death		

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	PLACE OF DEATH o. COUNTY Balto.			MARY	LAND	2. USUAL RESID	DENCE (W	/here deceas	ed lived. If in b. COL		Residence be	efore admi	ssion)
	b. CITY OR TOWN (I RURAL and give no	f autside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If	autside carp	orote limits, w	rite RUR	At and give	nearest to	vn)
		and		2 vrs.		Carrol		and					
-	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	ive street	address)		d. STREET A	DDRESS						A FARM?
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	NAME OF DECEASED (Type or print)	A BRAHAM	st	Middle	13.15	FOX		4. DATE OF DEAT	H Nov.	Month	5	Day	Year 19 60
S. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 8.	DATE OF BIRTH	1		9. AGE (In)		UNDER 1 YE	AR IF UNI	DER 24 HRS.
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10a	. USUAL OCCUPATIO	ON (Give kind of work or sing life, even if retired)	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State	e or foreign	country)	51	12. CITIZEN	OF WHAT	COUNTRY
	Farmer	ang life, even ir refired;		Farm		Dolr	hin	Co. Pe	enna		11 0	: A	
13.	FATHER'S NAME			r ca III		14. MOTHER'S			ZIIII CL		Lies	lefte.	
	John Fox					Marv	Humm	er					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	ORMANT	TICARDIA			Address	,		
(Ye	No. no, or unknown)	(If yes, give war or dates of s		62-22-2885	Mr.	Earl F	ox l	Rt.14	Box571	Bal	to., 2	20 Md	
	18. CAUSE OF DEA	TH [Enter anly one ca	use per lin	ne far (a), (b), and (c).	1							VTERVAL I	
	PART I. DEA	TH WAS CAUSED BY:		P. la							0	NSET AN	D DEATH
	1110	IMMEDIATE CAUSE (a)	Pulmo	~0.7	1) Ga	٠٠٠٠						
	73	0		A.t.		4.	H	-	D .				
	Canditions, if a)	MILIEROS	CICI	rolic	LIG	عرر	013	Las	2		
	cause (a), stating	DUE TO											
	lying cause last.) (c)										
CATION	PART II. OTH	ier significant con	DITIONS (CONTRIBUTING TO DEA	ATH BUT N	IOT RELATED TO	THETERA	MINAL DISEA	SE CONDITIO	N GIVEN	IN PART 1(a	PERF	ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature a	f injury in	Part I ar Pa	ort II af item 1	3.)			
N. A.	20c. TIME OF INJUR	Y Manth, Day, Yes	or 20d. II	NJURY OCCURRED		E OF INJURY (m, 20f. (Ci	ity ar tawn)	11 194	(Caun	ty)	(State
MEDICAL	Haur a.m.	19	While	Not while	facto	ary, street, office	bldg., et	tc.)				33,44	
×	p. m.		at war	k at wark				52	- 14		1.		
	21. I certify that saw the deceas	t (I) (this haspital) attend	led the deceased			19			07			(we) last
	22a. SIGNATURE	ed diffe dif		z 17_SLT. / GNG	mar de	dir uccorrec	a di Li	١١٥١ , ١٧١, ١١٥١	ii ine couse	s and	un me oc		2b. DATE
	Same	me St	en		м	.D. PHYS.	X D	MED.	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Samuel	Stor	m, m.	D.	22d. ADDRI	عرم	Ro	1. B.	11	1-00	16	MA
230	BURIAL, CREMATIO		F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOC	ATION (City, to	awn, ar	caunty)	(St	ate)
	REMOVAL (Specify) Rurial	11-9-60		Shoops	Cemet	CONT		Do	lphin C	O D	onna		
24.	FUNERAL DIRECTOR		1.1	ADDRESS		y de la constant de l	2So. REC	D BY REGI			RAR'S SIGNA	TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH 122 PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12246

1. PLACE OF DEATH O. COUNTY Baltimore Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY B.C.C.
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)	CLOTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS October And
3. NAME OF DECEASED (Type or print) Harry First Thank	Lost 4. DATE Month Day Year DEATH Nov. 20 19 Ce
S. SEX 6. COLOR OR RACE 7. HARRIED NEVER MARRIED 1. MUSHED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during roost of working life, even if, retired)	USTRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY C. S. C.
Theodore France	14. MOTHER'S MAIDEN NAME
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service)	16 Tamily Relayer
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nary Thrombosis Interval Between onset and Death
Conditions, if ony, which (b)	
gove rise to immediate couse (a), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES \(\sum \) NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of County)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	death accurred 15 AM, from the causes and an the date stated above
220. SIGNATURE HE STORY	M.D. ATTENDING MED. STAFF PHYS. 1/2 IS GME
22c. PHYSICIAN'S NAME (Type) W. F. MS Grafa MS	D. 1303 Fraderick Rd (28) mo
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUNGAL (Specify) 1/123/60 24-40	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24-FUNDERAL DIRECTOR'S SHONATURE ADDRESS ON TO.	250. REGISTRAS 25b. REGISTRAS'S SIGNATURE

s after death. Page 4 ond 2 should be f moy be revained by the hospitol ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the Stote Board of Health prior to buriol, cremation, ar remayal, and in any event, within 72 hours ofter death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSP

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3. NAME OF DECEASED (Type or print)	Fin Phil		Middle (Voll	er)	Fulker		4. DATE OF DEATH	Novem	ber	29		reor 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	B B	DATE OF BIRTH			9. AGE (In years			-	R 24 HRS.
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3. FATHER'S NAME				4	14. MOTHER'S	MAIDEN N	IAME					
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15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	-			dress			
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(IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRISE HOW INJURY OC									
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While of work	Not while	20e. PLA fact	CE OF INJURY II ory, street, office	lame, form bldg., etc.	, 20f. (City	or tawn)		(County)		(Stole)
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MANUE (1999)	Stella Wach					tons		28, Mary				
220. BURIAL CREMATIC REMOVAL (Specify) BURIAL	12-1-60		Mt. Chris				Harfo	rd Cour	ity, M	d	(State	e}
23. FUNERAL DIRECTOR		St.	Paul Stree	t.			D BY REGISTI		ISTRAR'S S	4 .		

TO FUNERAL DIRECTOR: After this certificate has been signed by VS A15 (4) 15M 9/55

the registrar prior to buriol, cremotian, or removal, and in any event within 72 hours after death.

L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MAIND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Page b. COUNTY BALTIMORE a. STATE MARYLAND is necessary, of Health, BALTIMORE "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pag MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Sparrows Point for your Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2901 Orth Road 2901 Orth Road YES NO X State NAME OF Middle 4. DATE Month Dey Yeer DECEASED 60 the FUNDERBURK November JAMES LOUIS PM3. Page 5 may be repages 1 and 2 with the within 72 hours after d (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Male Colored July 19, 1960 WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) JOe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if ratired) Baltimore. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Funderburk Lucille Bailev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Dermit. (Yes, no, or unkown) | (If yes give wer or delas of servica) Lucille B. Funderburk - 2901 Orth Road Examiner's Office along with e used as a burial-transit permetion, or removal, and in any certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis IMMEDIATE CAUSE (e) DUE TO Conditions, il any, which geve rise to immadiate cause DUE TO (a), stating the underlying couse lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 ease execute the certificate, writing the word Medical YES DO NO This plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler natura of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial CAUSE OF DEATH. to the Chief / 20c. TIME OF INJURY 2De. PLACE OF INJURY (Homa, farm, ' Month, Day, Yeer 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Steta) Not While factory, street, offica bldg., atc.) While Hour a.m. et work at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion agent, Natural causes Suicide Accident [Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE OTY 11/22/60 DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. Addrass (Streat, city, town, or county) NAME (Typa) 228, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) its REMOVAL (Spacify) 11-23-60 o Burial Mt. Auburn Baltimore, Maryland 0 D40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 802 Madisoh Avenue Charles R. Law 5M 7/59 Orthur & Kens

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by dby	101	Veterans Administration Hospital 1206 Sixty-second Street
24 kg	Ė	3. NAME OF First Middle Lost OF DECEASED (Type or print) First Middle GAFF GAFF DECEASED T. GAFF DEATH NOVEMBER 28 19 60
thin 1		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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utec amp	2	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
d cd		Supervisor of Laborers Baltimore, Maryland U.S.A.
be and	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cian cian		Thomas Gaff Marion Sullins
physici remave		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records Address
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ital ar u	2	
ogsp After ed f	Ď.	21. 1 certify that (1) (this haspital) attended the deceased fram August 15 1960, to November 28 1960, that (2) (we) las
R: A		saw the deceased alive an Nov 28/60 19 , and that death accurred at 5A M, from the causes and an the date stated above
ATT Dy t	E E	ATTENDING MED STAFF , SIGNED
0000	0	22c. PHYSICIAN'S 22d. ADDRESS PHYSICIAN'S
o HOS IL C may be retain o FUNERAL DI page 3 shauld	e Board	FREDERICK S. DONALDSON, M.D. VAH, BALTIMORE 18, MD. FORT HOWARD DIVISION
os be INE	State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
may b	9	Burial December 1/60 Oak Lawn Cemetery Baltimore County, Maryland
5 5 g	113	24. FUNERAL DIRECTOR'S SIGNATURE 2024 OTLEANS Street 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/59	1	Philip Herwig, Sons Baltimore, Maryland DATE NOV 2 9'60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12215

CERTIFICATE OF DEATH

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		TIE OI DEATH		1	Reg. Dist. No		
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md		. If institution b. COUNTY	Residence befo		n)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		mits, write RUF	RAL and give nee	arest fown)	
d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION COCKEYSMILL Road	'ess)	d. street address Cockeysmil	l Road			e. IS RESID ON A F YES	ARM?
NAME OF First DECEASED (Type or print) Mary Cathe	Middle (Losi Gamber	4. DATE OF DEATH	Month Nov e	27.		or 60
SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [Jane 1, 1909	9. AG		Months Doys	IF UNDER Hours	24 HRS. Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) HOUSEWIIE	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole)			12. CITIZEN C	USA	OUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Charles Hoffman		Minni	e Eyler				
(es. PO. Or Unknown) I fif was give wor or dotes of service)	01 00 00	r. John H. Ga		Addres	stown, M	d.	
Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CON	thritis -	Showlery Not RELATED TO THE TERMIN	1 - A	evere	NIN PART 1(0)	2 y	2 ar
(IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of	item 18.)		PERFORM YES	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While p. m. 19		CE OF INJURY (Home, form, tary, street, office bldg., etc.)		vn)	(County)		(Stote)
21. I certify that I attended the deceased of of the control of th	, and that death	accurred at 11:50 f	M, from the	couses and	d on the do	te stated	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR Deer Park Cer		22d. LOCATION (City, town, or	**	(State)	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D	BY REGISTRAR		RAR'S SIGNATUR	E	
J. F. Eline & Sons Reisters	town Md		V 2 9 '60		lun S. Ha		
TOTAL STATE STATES	COMITY LINE	DAIE ITE	1 2 0 00	Civi	mury do 1 ora	ALAR	

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VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12285 **CERTIFICATE OF DEATH** 19951

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σ.	Dist					

1	o. COUNTY	BALTO.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institut b. COUNTY		nissian)
	RURAL and give n	If outside corporate limits, write earest tawn) ONSVILLE	c. LENGTH OF STAY IN 16		wiside corporate limits, write I		own)
		TAL (If not in haspital, give street 3 N. ROLLII		d. STREET ADDRESS	ROLLING	W N ON	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	JOHN First	M. GAST	KE SR.	4. DATE OF DEATH	Day	1960
S	. SEX	6. COLOR OR RACE 7. MARI	/	B. DATE OF BIRTH DEC. 27, 189	9. AGE (In years lost birthday) yrs.	Months Days Hou	
1	Oa. USUAL OCCUPATION during most of work PRES 13	ON (Give kind of wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDE		or foreign country)	12. CITIZEN OF WHA	T COUNTRY?
/ [13	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME /		
	M.	11 CHAEL	GASKE	MARY	ANN -		
15	S. WAS DECEASED EVE Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	to John M. Sas		alling El.	
	and the second s	m mediote Dus TO	tine fog (o), (b), gnd (c).] Hastafre	Con 2m	tum	INTERVAL ONSET AN	
NOITACIE	PART II. OTH	HER SIGNIFICANT CONDITIONS				PER	S AUTOPSY FORMED?
I CEPTIEI		G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	orr or Port or Hem 6.)		
MEDICAL	Hour o.m.	While		ACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	T. C. Pou	found	accurred at &A	My from the causes are ADDRESS (Street, city or Jown, Pedar Record)	nd an the date stat	
7.	20. BURIAL, CREMATIC BEMOVAL (Specify)	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town,	or county) (5	tote)
23	Fully Car	's SIGNATURE	OHome-Colons	All ME DATE NO	:00	STRAR'S SIGNATURE	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	PLACE OF DEATH				MARYL	AND	2. L	JSUAL RESIDENCE (V	-		d lived. If instit b. COUN		Reside	nce befo	re admiss	sion)
_	Baltim		An analan	- IENICTU C				Mary	_			0110	A1	H	H.	-1
	RURAL and give ne	f autside carporate limi arest tawn)	is, write	c. LENGTH C	DE STAY I	NIB	(CITY OR TOWN (If	t au	itside corpo	orate limits, write	KUK			-	1)
	Fort How	ard, Maryl	and	3 da	ys			Arnold						JLX	the same	
	OR INSTITUTION	AL (If nất in haspital, g	ive street	address)				d. STREET ADDRESS							e. IS RES	
	Veterans	Administr	ation	1 Hospi	tal		R	FD 2 Box]	11	0					YES [] NO [X]
3.	NAME OF DECEASED	Fir	st		Middle			Lost		4. DATE	M	lanth		Da	,	Year
	(Type or print)	FRANCIS			В.		G	AVIN		DEATH	Novemb	er		5		1960
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER	R MARRIE	D	B. DA	TE OF BIRTH			9. AGE (In year last birthday		Months			ER 24 HRS.
	Male	White	WIDOW	D 🔲 0	DIVORCED		Oc	t. 5, 1917	7			rs.	wonins	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind af wark o	dane 10b.	KIND OF BUS	INESS OF	NDUS	TRY	11. BIRTHPLACE (Stat	te a	r foreign c	ountry)		12.CI	IZENO	WHAT	OUNTRY?
	Letter Ca			S. Gov	ernm	ent.		Baltimore		Md.			I	J.S.A	1.	
13.	FATHER'S NAME				01120	0120	14.	MOTHER'S MAIDEN	_							
	John J. C	Gavin						Mary S.		Sulli	van					
	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECUI	RITY NO.	17. IN	IFOR!	MANT Clinica				ddres	Bal	timo	ore .	18.Md.
{Ye	Yes	If yes, give war or dates of a Korean		9-05-16	1,7						IVISION					
F	•	TH [Enter anly one co					-	1 9101 ***	Q-1-1	22,00	21.000.00			LINT	ERVAL BE	TWFFN
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	163	TH WAS CAUSED BY:											ASI	5		
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	Canditions, if ar							E SPINAL C	Œ	RD AN	DRIGHT	_		-	-	
	cause (a), stating (the under: 2009		RANCHI										1	YEA	
7	lying couse last.			EMA OF										12	DAY	AUTOPSY
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING	G TO DEA	TH BUT	NOT	RELATED TO THE TER	MIN	NAL DISEAS	E CONDITION (SIVEN	N IN PA	RI I(a) I	PERFC	DRMED?
F	20a. ACCIDENT WA	C HAIDEBLAIN G	20L DEC	CRIRE HOW IN	IIIIIV OC	CHARLE	0 /5-	iter nature of injury in	- D	ant I am Pau	at 11 of Stem 10)				IES Y	NO
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CKIBE HOW IN	AJUKI OC	CORKEL	D. (En	iter nature at injury it	n r	an i ar rai	Til di neni ib.)					
1 .	20c. TIME OF INJURY	•	00 / 11	NJURY OCCUR	2050	20a Pl	ACEC	OF INJURY (Home, fa		Tank Ich	y ar town)			(County)		(State)
MEDICAL	Hour a.m.		While	_ Not while	le			street, affice bldg., e			or town)			County		(31016)
W	p. m.	19	at war	k at work						1						
	21. I certify tha	t 🏋 (this haspital) attend	led the dec	ceased 1	fram.	Nov	7.270	26	A ta	Vov. 5		19_9	00, th	iat (1) ((we) last
	saw the deceas	ed alive an NON	1.5	1960	., and	that d	leath	accurred at P		M, fram	the causes	and	an th	e date	stated	abave.
	22a. SIGNATURE															B. DATE SIGNED
		/ ~//	2	20			M.D.	PHYS.	MEI	ECTOR [STAFF PHYS.			1	1-6-0	
	22c. PHYSICIAN'S NAME (Type)	CONTROL OF	DOLD!	200	N	1:1	-	22d. ADDRESS								
		ERNEST O. I	ROWN	al immediate		14.D	•	VAH Baltir	mo	re 18	Md- Ft	H	owai	d D	ivis	ion
230	BURIAL, CREMATIO	N. 23b. DATE THEREC	F	23c. NAME	OF CEME	TERY O	R CRE	MATORY	T	23d. LOCA	TION (City, tow	n, ar	county)		(Sto	te)
	REMOVAL (Specify)	11-9-60		Arline	rton	Nati	ion	al Cemeter	-	ART	INGTON.	V	TRGI	NTA		
24.		S SIGNATURE Rei	ster							BY REGIS		GIST	RAR'S S	IGNATU		
	rank H New			nore. M				DATE	H	OY 9	'60	C.	Merry	S. Tu	MA	

Frank H Newell Inc Baltimore, Maryland

rs ofter death. Page the attending physician and completely filled. Then please remove carbon popers. Pages 1 and in any event within 2 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove earline State Board of Health prior to burial, crematian, ar removal, and in any event, within. 0

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	RYLAND STATE D STATISTICAL RESEARCH A CERTIFICA	ND RECORDS —
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Baltimore	MARYLAND	2. USUAL RESIDEN o. STATE Maryle
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1. PLACE OF DEATH	ltimana		MARYLAND	o. STATE		ere deceased	lived. If institution b. COUNTY	on: Residen	ce before oc	Imission)
	1timore (If outside corporate limits,	write c. LE	ENGTH OF STAY IN 16		rland	itside corpore	ote limits, write R	URAL ond	nive negrest	town)
RURAL ond give							0	VE	1	12
Towso	PITAL (If not in hospital, give	a street addres	8 yrs.		imore		Tel.	- A /	15	DECIDENCE
OR INSTITUTION	٧		55)	d. STREET A					0	RESIDENCE
Pres	byterian Hom	е		207	W. 29	th St.			YE	5 NO
3. NAME OF DECEASED (Type or print)	First May E	sler	Middle Glass	Las	it	4. DATE OF DEATH	Novel		Day 9	Year 19 60
S. SEX	6. COLOR OR RACE 7			8. DATE OF BIRT	Н		9. AGE (In years		1 YEAR IF L	JNDER 24 HRS
Female		VIDOWED				2	1878 yrs.	Months	Days Ho	ours Min.
	ION (Give kind of work do			Sept. 2				12 CITI	ZEN OF WH	AT COUNTRY
during most of we	orking life, even if retired)	TOO. KIND	OF SUSTINESS OR THE	ZOSIKI III. BIKITII S	LCE (SIOIS C	n toreign co	J,)	12. 0111	ZEIN OF WIT	AT COUNTRY
None				Bal	ltimor	e. Mar	yland			
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME	fields and			
Darri	d Wilson Gla	C C		En 4	xa An	n Grah	no m			
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE	ES? 16. SOCIA	AL SECURITY NO. 17.	INFORMANT	400	VIAI	Add	ress		
(Yes, no, or unknown)	(If yes, give war ar dates of serv	rice)		. m. m.			. 5			TY
				Mrs. T.E.	Ellio	tt, Su	ipt. Fre	esbyte	rian	
	EATH [Enter only one caus	e per line for	(o), (b), ond (c).]							AL BETWEEN
PART I. DI	EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)_	(4 p)	UTE COR	CONARY	Occh	4551	04)			- 11RS
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Conditions, if		HKTO	FRIO SCLER	POTIC CA	42010	VASCY	ILAR INS	6756	- 4	15
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lying couse los										
Z PART II. O	THER SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19. W	VAS AUTOPSY
PART II. O										ERFORMED?
L 20- ACCIDENT	WAS UNDERLYING [] 2	Oh DESCRIBE	HOW INJURY OCCUR	PED /Fater poture o	f injury in P.	ort I or Port	II of item 18)			
OR CONTRIBUTION	IG CAUSE OF DEATH	OD. DEJCKIDE	TIOW INJUNI OCCUR	KED. (Liner notore o	, injury in r	011 1 01 1 011	11 01 110.17			
	FY MEDICAL EXAMINER)									
20c. TIME OF INJU				PLACE OF INJURY (foctory, street, office			or town)	(0	County)	(Stote
Hour o.m	10		Not while of work	100101), 311001, 01110	o ologi, cic.,					
				las		(+V).	1/2.1 0	(0 1	
	nat (I) (t his hospital)				- Alex		NOX 9			
	ased alive an No	1.7	19 60, and that	death accurre	d at & P	M, fram t	the causes an	d on the	e date sto	ated abave
220. SIGNATURE	10.11	,								22b, DATE
	ANTENALE	1 6	M. D.	M.D. PHYS.	G ME DIR	D. RECTOR [STAFF PHYS.		11-	SIGNE
22c. PHYSICIAN'S	7000000	-		22d. ADDR	-				- / -	11-60
NAME (Type)	Dr. S.J. Ve	nable	JR.			k Road	I, Towson	7	MA	01.100/0
			-				-,		1.101	TLAND
230. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c	NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stote)
REMOVAL (Specif	Nov. 12.1	960	Green Mou	127		Ro 1	ltimore.	Mary	lowa	
24. FUNERAL DIRECTO		200.1	ADDRESS	1110	25g, REC'D	8Y REGISTE		STRAR'S SIG	GNATURE	
	tchell & Son	m T	1000 P. 4	Da		1 4 '60		hun 8.		
unnn U. Mi	ECHAIL OF DON	SINO	. IUIII FAITE	20000	DATEST	7 40	0000			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

TO HOSP VR A15 (4) 15M 9/59

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may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be tiled with	the State Board of Health priar to burial, cremation, or remayal, parathropy event, within 72 hours after death.	() ()	21 (1)
may be retained by the hospital of attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the	detached far use as the burial-transit permit. Th	f Health priar to buriol, cremation, or remayal, pre		
TO FUNERAL DIRE	poge 3 shauld be	the State Board o	2	1

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 that's after death. Page 4

1. PLACE OF DEATH a. COUNTY		***************************************	2. USUAL RESIDENCE (Whe	ere deceased lived. If ins		ore admission)		
	Baltimore	MARYLAND	o. STATE Mary Lar					
RURAL ond give ne	f outside corporate limits, write corest town) SVIILE	c. LENGTH OF STAY IN 16	Baltimore	utside corporote limits, w	B V O	arest town)		
d. NAME OF HOSPIT	AL (If not in hospitol, give street		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
SPRING	ROVE STATE HO	DSPITAL	1109 Kevin	n Road		YES NO		
B. NAME OF DECEASED (Type or print)	First Anna	Middle	Goldsborough	4. DATE OF DEATH	Month Nov D	Pay 26 Year 19 60		
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In) lost birtho		R IF UNDER 24 HR		
female	white wow	Z DIVORCED □	May 23, 188		yrs. Months Days	Hours Min.		
during most of worl	ON (Give kind of work done 10b king life, even if retired) EWITE	O.H.	ISTRY 11. BIRTHPLACE (Stole of		II. S.	F WHAT COUNTRY		
3. FATHER'S NAME	Posterior Company		14. MOTHER'S MAIDEN N	and the same of th				
Unknown			Unkno	าพท				
	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		NFORMANIMIS JOS	eph Hartn	ett, 1109 PAE HOSPI	Kevin R		
		.1 , =	of PANCE	EAS		TERVAL BETWEEN ISET AND DEATH		
CATIC	the under. DUE TO (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
200. ACCIDENT WA	AS UNDERLYING TO 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 11	8.)			
20c. TIME OF INJUR Hour o. m. p. m.	While		IACE OF INJURY (Home, form, octory, street, office bldg., etc.)		(County	r) (Stote		
	et (I) (this hospital) attended alive on Nov				26, 1960, t			
220. SIGNATURE	sow the deceased alive on Nov 26 1960, and that death occurred at 25M, from the couses and on the date stated 220. SIGNATURE M.D. PHYS. DIRECTOR DIRECTOR 100 27/60							
22c. PHYSICIAN'S NAME (Type)	3/anca Gim	enez	22d. ADDRESS SPF	RING GROVE	STATE HO	SPITAL d		
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	NOV.30/60	23c. NAME OF CEMETERY C		23d. LOCATION (City, 16 Balto . Mc	own, or county)	(Stote)		
24. FUNERAL DIRECTOR	s SIGNATURE In.Dir.4101 E	ADDRESS	2So. REC'E	100100	REGISTRAR'S SIGNATU			
			1 1001	E D 00	Colley S. Kins	CLA .		

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	1. PLACE OF DEATH o. COUNTY Baltimore MARYLA		2. USUAL RESIDENCE (When o. STATE Md.		COLUMBA	ence before odm	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Catonsville 7 Yrs.	1 lb	c. CITY OR TOWN (If our		nits, write RURAL and	give nearest to	~n)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Caton Ridge Nursing Home		d. STREET ADDRESS	bury Av	0.,	ON	A FARM?
	3. NAME OF First Middle DECEASED (Type or print) Annie	Go	orsuch	6. DATE OF DEATH	Month Nov.	26.	Year 1960 •
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED TO DIVORCED	_	DATE OF BIRTH	lost	birthday) 92 yrs. IF UNDE	R 1 YEAR IF UN Days Hour	
	10a. USUAL OCCUPATION (Give kind of work done duting most of working life, even if retired) HOUS — WIF **** **** **** *** **** **** ****	INDUST		foreign country)	12. C	U.S.A.	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	M. M. ALIII.		
	Philip Gress		Unkno	own			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	17. INF	ORMANT		Address		
	no	Mrs	.Irene M.R.	ing 102	Blooms	nrv As	ra. (28
The second second second	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.				<i>yeur</i>		42
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		arlen	sele		PERF	ORMED?
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED.	(Enter noture of injury in Pa	rt 1 ar Part II of i	tem 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour o. m. 19 While Nat while of work at work	0e. PLAC focta	E OF INJURY (Home, farm, iry, street, affice bldg., etc.)	20f. (City ar taw	n)	(County)	(Stote)
	21. I certify that I attended the deceased from. NEV alive on NEV 21, 1960, and that d		19.53, to	No V 20 M, from the	causes and an	last saw the	e deceased ted above.
ľ	ACTUAL SIGNATURE CLT COURT 2	M.I	111	ODRESS (Street, ci	b MCNDS		LA SE SIGNED
	PHYSICIAN'S CLIFF RATCIFF	1.5	a. BA	LTIM	ORE 1	9 1-	y - ^
	22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETE		CREMATORY 2		lity, tawn, ar county)	(51	ote)
	Burial 11-28-1960 Western 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS				timore,	Md	
	23. FUNERAL DIRECTOR'S SIGNATURE STOTUS. NON	Ph 4	DATE NOV	2 9 '60	24b. REGISTRAR'S S		

TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 heurs after death. Page 4 may be reduined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remanal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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was constant	of H	I walled	Series				

Reg. Dist. No.

CERTIFICATE OF DEATH

	a. COUNTY BALTIMOR	a MARYLAND	o. STATE	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	1	outside corporate limits, write RL	JRAL and give nearest town)
	10WSON	Jyrs	10W30W		33
	d. NAME OF HOSPITAL (If not in hospital, give or institution 530 Hampten	Ra	350 HAME	Tow nd	e. IS RESIDENCE ON A FARM? YES NO P
	NAME OF DECEASED (Type or print) HARRY	Middle E GoT	Tschall	4. DATE Mont	Doy Yeor 4 1960
5. 5	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
,		WIDOWED DIVORCED	2-21-1894	lost birthday)	Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	Δ.	P	or foreign country)	12. CITIZEN OF WHAT COUNTRY
12	FATHER'S NAME	MANUJACTUTE!		1.4	U. S. A.
13.	Charles Name	/	14. MOTHER'S MAIDEN N	11	
C	MARIES F. Ge715CI	19//		57011/2	
15. IYe	WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown) [Il yes, give wor or dates of ser		re Kath make M	Enticohall.	SAME
Ť	18. CAUSE OF DEATH [Enter only one cau		o namky m.	DUTISCHAFD	
	PART I. DEATH WAS CAUSED BY:	CORONARY	(Ocelus	10N -	ONSET AND DEATH
	420.1 DUE TO		0-10		11/1-
	Conditions, if any, which) (b)_				
	gove rise to immediate Cause (a), stoting the under				
	lying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED?
F	20a. ACCIDENT WAS UNDERLYING [] 2	POB. DESCRIBE HOW INJURY OCCURR	FD /Foter nature of injury in F	Port I or Port II of item 18.1	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Ellier richere or injury in t	5 5. Tar to 5. He 15.,	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m.	20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the	desperad from 9/	25 10.564	11-4 1/01	24
	10 ~	.60	201		that I last saw the deceased
	alive on 10-5	, and that deat			nd on the date stated above
	ACTUAL SIGNATURE ANTHONY 7	(ano339	M.D. 5217 /	ORK Rd.	BA) to 12 Md
	PHYSICIAN'S ANTHE	NY F. CAROZ	TA		
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	0 4	22d. LOCATION (City, Iown, or	r county) (State)
22	SURIAL DIRECTOR'S SIGNATURE	CHARTES PAD	en (eneter)	107/5/11/2	1 10
23.	FUNERAL DIRECTOR'S SIGNATURE	9 VARK 2 & BOLT	IN CRE /2 DATE NO	.00	TRAR'S SIGNATURE
	1	1	m-l		7, , , , , , , , , , , , , , , , , , ,

TO HOSP OR ATTENDING PHYSICIAN: The law requires more may be added by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled may the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled may be filled with

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or of the country of the second of the second		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12257

Reg. Dist. No.

	LACE OF DEATH BALTIMON	e	MARYL		o. STATE Maryla		ed lived. If in b. CO		Residence b	efore odn	ission)
Ь	CITY OR TOWN (If outside corporate limits, write and give necrest town) Bradshaw	e RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (III		porote limits, v	vrite RURA	AL and give	nearest to	own)
d	. NAME OF HOSPITAL OR INSTITUTION (Belgium Village R	t. 40	itol, give street address)		d. STREET ADDRESS Belgium Vi	illage	Rt. L	tO		ON	A FARM?
-1	NAME OF DECEASED Type or print) C/A4+ord	st	Middle Lee	91	RA BILL	4. DATE OF DEATH		lonth /	Day 6		1960
5. S	6. COLOR OR RACE	7. MARRIE	DIVORCED	-	TE OF BIRTH -/2-/91.	3	9. AGE (In year lost birthday)	yrs.	NDER TYEA	Hours	Min.
d	USUAL OCCUPATION (Give kind of work uring most of working life, even if retired) Laborer	34	aboring		Virg	inia	ountry)	12	US.		COUNTRY
13.	FATHER'S NAME William Robe	m+ 0	L:17	14	. MOTHER'S MAIDEN I		Lalla I				
15.	WAS DECEASED EVER IN U. S. ARMED FO			17. INFO		gre ms	telle I	ong			
Yes	no, or unknown) Iff yes, give wor or dates of NO	service)			Naomi F. I	Rose li			St. M	t. Ra	iner
		Co Ditions con the i	NTRIBUTING TO DEATH	BUT NOT	cher	INAL DISEASI	64.6	GIVEN IN	ON	5 Yr	ATH CCC
MEDICAL	20c. TIME OF INJURY Month, Day, Yes Hour a. m. p. m. 19 21. I certify that Laok charge	while of wor	Not while of work contains described	abave,		y, lr	nspection [and	(State)
STATE OF THE STATE	death resulted fram: Natural ACTUAL SIGNATURE	Couses	R. Accident [],		D. CHIEF MEDICAL EX	CAMINER [ndetermine	d cause	e <u> </u> .	DATE	SIGNED
	ACTUAL OF SIGN	Col	Colling	<u></u>	D. CHIEF MEDICAL EXACTION ASSISTANT MEDICAL	CAMINER AL EXAMINER	R 🗆				5-6.

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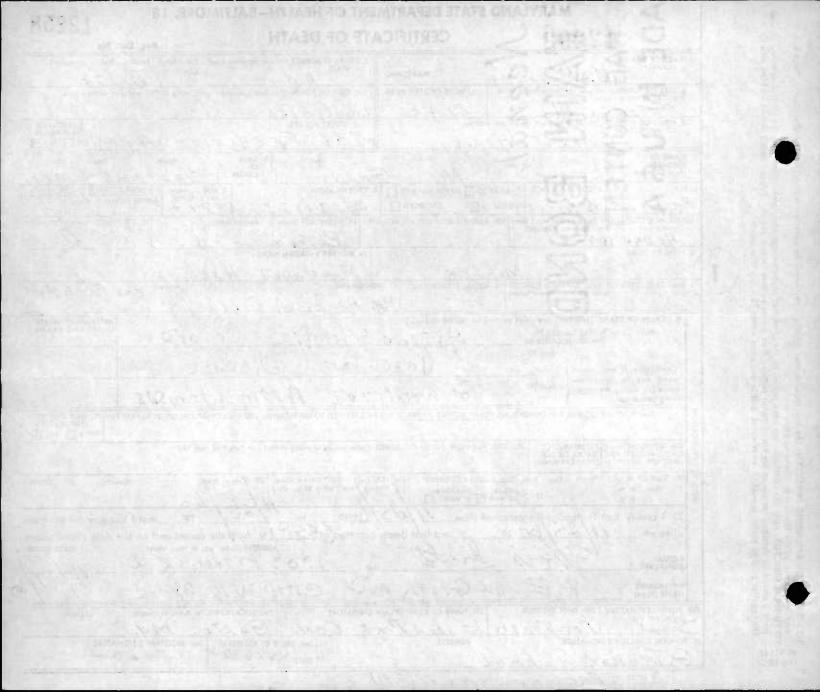
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DIRECTOR:

FUNERAL

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DICA	LEXAMINE	R'S	CERTIFICAT	TE OF	DEATH			16	209
						Reg. Di	st. No.		
			2. USUAL RESIDENCE (Y	Vhere deceas			nce befor	e admis	sion
	MARYLA	AND	a. STATE Mar	yland	b. COUNT	Pri	ice (eor	ge .
RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corp	porate limits, write	RURAL and	give nea	rest tow	n)
	lyr5mth9dy	75	Riverda	Le. Ma	rviland	16	66		ο.
not in hosp	pital, give street address)		d. STREET ADDRESS						SIDENCE FARM?
HO:	PITAL		5316 -	59th A	venue		2.4	YES 🗍	NO
	Middle		Last	4. DATE	Mont	h	Day	Ye	or
seph		G	rasso	DEATH	11		11	19	60
	D NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IFUNDER 1	YEAR I	UNDE	R 24 HRS.
WIDOWED	DIVORCED		1885?		75 yrs.	Months [Days I	lours	Min.
one 10b. K	IND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF	WHAT C	OUNTRY?
F1	orist		Maryland			U.	S.	A.	
			14. MOTHER'S MAIDEN N	IAME					-
0			Josephine	?					
	SOCIAL SECURITY NO.	17. INI	FORMANT		Address				
ervice)	nknown	Re	coras: SPRI	NG GI	ROVE ST	ATE H	OSPI	FAT.	
	or (o), (b), and (c).]						INTERVA	L BETWEE	N
Inf	farction my	oca	rdial fail	ure			ONSET A	UND DEAT	'H
Art	teriosclero	sis	dardio was	scular	diseas	e			
	neralized	11			arterios		is		
Fra	acture righ	t h	ip accide	nt					
ITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NALDISEASI	CONDITION GIV	VEN IN PART		WAS A PERFOR	UTOPSY MED?
DESCRIBE	How INJURY OCCURRED O patient wa	D. (En	ter noture of injury in Port	l or fort II	of item 18.) a COMMIL	At 8:0	o a.	m. c	nochan
CTIC I	fracture of	PLACE	OF INJURY (Home, form	205 ICity	or lown)	(Cour	ntvì		(Slole)
While	Not while		y, street, office bldg., etc.)					
	k ot work	ho	spital		Catonsvi				
_			e, held an Autaps		spection		/ L,	and fi	ind that
auses _	J, Accident [4],	Suici	de 🔲, Hamicide	∐, Ur	ndetermined o	cause [_].			
nk	erffer.		M.D. CHIEF MEDICAL EX	AMINER		1		ATE SI	GNED
. Kie	ffer, M. D.		ASSISTANT MEDICAL I			Mor	1,1	1.	196
	22c. NAME OF CEMETERY	Y OR e	HEMOMORY	22d. LOCAT	TION (City, town,	ar county)	VIII	(Stote)	7.7.
1960	Mt Olivet	Ce	metery	Wash	ington	D. C.			
472	2 Best. Aux		24a. REC'I	N 1 6 '6		STRAR'S SIGI			
113	1 Bar. Hul	140	Marty DATE						

VS. ATSME(S) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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			CINE CINE CONTRACTOR
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	Charles Comments		
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BLACE OF DEATH	CERTITIC	ATE OF DEATH	R	Reg. Dist. No.	1226
PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	and b. COUNTY E	Residence before Baltimor	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENGTH OF STAY IN 16	X	tside corporate limits, write RUR	AL and give near	rest fown)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION		d. STREET ADDRESS		e	IS RESIDENCE ON A FARM? YES NO
8413 Merrymou		Last	ymount Drive 4. DATE Month	Day	
(Type or print) Alexa		Guest	DEATH Novemb		17
Male White	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH NOV. 10, 1891	last birthdoy) N	NODER 1 YEAR Nonths Days	Hours Min.
0a. USUAL OCCUPATION (Give kind of work of during most of warking life, even if retired) Printer	done 10b. KIND OF BUSINESS OR INDL Sunpaper	Baltimor		12. CITIZEN OF	WHAT COUNTRY
3. FATHER'S NAME	Dunpaper	14. MOTHER'S MAIDEN N.		0.011	
John E. Gue		Rebecca St	teiner		Pl. Di
5. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of se		INFORMANT	Address	5	
Yes WW 1	Mı	rs. Johanna E	. Guest-8413 N	Merrym	ount Dr
Conditions, if any, which gave rise to immediate DUE TO	metastation	Carcaror	of barel.		
lying cause lost. (c)	/	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19	, WAS AUTOPS
lying cause lost. (c)	DITIONS CONTRIBUTING TO DEATH BU Left leg 20b. DESCRIBE HOW INJURY OF CURRI	*		1 IN PART 1(a) 19	PERFORMED?
PART II. OTHER SIGNIFICANT CONI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CITY OF CONTR	DITIONS CONTRIBUTING TO DEATH BU	*		I IN PART 1(a) 19	PERFORMED?
lying cause lost. (c)	DITIONS CONTRIBUTING TO DEATH BUT LEGT LOGICAL PORT OF LOGICAL PROPERTY OF LOGICAL LOG	*	ort or Port of item 18.)	(County)	YES NO
PART II. OTHER SIGNIFICANT CONI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CITY OF CONTR	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED or 20d. INJURY OCCURRED While Not while at work of work	ED. (Enter noture of injury in P	ort I or Port II of item 18.) 20f. (City or town)		PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED ar 20d. INJURY OCCURRED 20e. Pl While Not while of work deceosed fram.	ED. (Enter noture of injury in PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 1960, to h occurred at L. L.	ort I or Port II of item 18.) 20f. (City or town)	(Caunty) of I lost saw on the dote	YES NO C
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED ar 20d. INJURY OCCURRED 20e. Pl While Not while of work deceosed fram.	ED. (Enter noture of injury in PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 1960, to h occurred at L. L.	20f. (City or town) 20f. (The state of the	(Caunty) of I lost saw on the dote	YES NO (Stote
PART II. OTHER SIGNIFICANT CONI PART II. OTHER SIGNIFICANT CONI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Hour o. m. p. m. 19 21. I certify that I attended the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work of	ED. (Enter noture of injury in PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 1960, to h occurred at 2 P.A.M.D. 3627	20f. (City or town) 20f. (City or town) 1 1 3 , 19 60, fh M, from the couses ond DDRESS (Street, city or town, sto	(Caunty) of I lost saw on the dote ore) Rd	YES NO C
PART II. OTHER SIGNIFICANT CONI PART II. OTHER SIGNIFICANT CONI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yea Hour o. m. p. m. 19 21. I certify that I attended the olive on ACTUAL SIGNATURE PHYSICIAN'S	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work of work of work of work deceosed fram	ED. (Enter noture of injury in PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 1960, to A.M.D. 3627	20f. (City or town) 20f. (The state of the	(Caunty) of I lost saw on the dote ore) Rd	YES NO (Store)

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the standard for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to buriol, crematian, ar remaval, VS A15 (4) 1SM 9/SB

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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	The state of the s	1007 000
1. PLACE OF DEATH O. COUNTY BALTIMORE - MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give searest lown)	c. CITY OR TOWN (If gutside corporate limits, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL (If not in hospitor, give street address) OR INSTITUTION Parth Yout Rd	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GEORGE HA	GER 4. DATE OF DEATH NOW.	6. 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Sep. 14. 1885 9. AGE (In years light birthday) Months Yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done lob. KIND OF BUSINESS OR IND dyring most of working life, even if retired) Coursellow	DUSTRY V. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Nicholas Hager.	14. MOTHER'S MAIDEN NAME (last unkno-	ion).
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or ynhanown) (If yes, give wor or dotes of service) 7:-01-5144	(deceased), Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Thombosis.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Conditions, if any, which gave to be a considered by the considered by the conditions of the	ive C. V. plisease	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter nature of injury in Port I or Part II of item 18.)	
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F While Not while of work of work	PLACE OF INJURY fHome, farm, factory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased fram	th accurred at 11:25 M, fram the causes and an	last saw the deceased
ACTUAL SIGNATURE SOLLES N. Tollin	M.D. 6908 N. VOINTR	DATE SIGNED
PHYSICIAN'S LOUIS N. TOLLIN	· BALTIMORE-19-	MD
	OR CREMATORY 22d. LOCATION (City, Iown, or county) COUGATE 111 A	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	- 1.
ULLRICH FUNERAL HAME DUN	Drep MO DATE HOV 9 '60 Onther	S. Tursus

The following the hospital or attending physician.

The following physician and campletely filled in by the funeral director, and the hospital precipes a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after depth. ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12296

12262

	in by the funeral director,	and 2 should be filed with		(
The may be ferained by the haspital or attending physician.	So TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	
A	9/	(4)		

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 17 s ofter death. Page 4

1. PLACE OF DEATH d. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Parvland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 11Ver Beach (20)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oliver Beach (20)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Box 231 Rt. 14	d. STREET ADDRESS Box 231 Rt. 14 "IS RESIDENCE ON A FARM?" YES \(\text{NO} \) NO \(\text{T} \)
3. NAME OF First Middle MCEASED (Type or print) ARTHUR W. HALES	Last 4. DATE Month Day Year OF DEATH NOV. 7, 19 60
s. sex Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH JULY 5, 1905 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper Grocery	North Carolina USA
James E. Hales	14. MOTHER'S MAIDEN NAME Ida Armstrong
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (If yes, give war or dates of service) 577 09 0153	Audra Hales Same
gove rise to immediate couse (a), stating the under-lying couse last.	ONSET AND DEATH OF 13/2/14RY ONSET AND DEATH ON 17/4 ME TAS TASES 6 M ON 17/4 ME TAS TASES
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	YES NO NO NO NO NO NO NO NO
21. I certify that (I) (this haspital) attended the deceased fram.	death accurred at 35 PM, from the causes and an the date stated above M.D. PHYS. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 11/8/60 22d. ADDRESS 108 S. TAYLOR AND B.ALTO. M.D. PART M.D.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY 11/8/60 Gays Funeral DIRECTOR SIGNATURE 1407 Eastern Ave #	1 Home Rocky Mt. Edge combe Co. N.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2276 CERTIFICATE OF DEATH cells in many a result of the same of the same the carried the second second

FOR STATE HEALTH DEPT.

TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delays is necessary, please executed are certificate, writing the word "pending" in pend; in Item, 18. Give Pages 1, 2, and 3 to the final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be returned for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event with 22 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18 R'S CERTIFICATE OF DEATH	12263
9907		Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceased lived. If institution	n: Residence before admission)

19947	Reg, Dist. No.
1. PLACE OF DEATH O. COUNTY Baldimore County MARYLAND	o. STATE MATY/AND b. COUNTY RALL MATERIAL COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO
3. NAME OF DECEASED (Type or print) GEOYGE Allen	Ham 4. DATE Month Doy Year OF DEATH 11 - 22 1960
M WIDOWED DIVORCED	9. AGE (In years foot birthday) 9. AGE (In years foot birthday)
100. USIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST outling most of working life, eyen is retired)	Phila. PA. U.S.A.
13. EATHER'S NAME RICHARD M. HAM! 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. III	MArgaret E Rowe
Ten ropes unknown) (If yes, give wor or dates of service)	HASelfine S. HAM. FALL Church, VA.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TTO N
Conditions, if ony, which gove rise to immediate couse (b) Self-Imp	osed HMN6.N6-
(c), stating the underlying DUE TO cause lost. (c)	
85	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO PERFORMED?
	inter nature of injury in Part Part It al item 189 A. Cell
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200 INJU	CE OF INJURY (Home, form, 201. (City or town) our street, effice bldg., etc.) ESSOY Bulty M.J
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , and in my
opinian death resulted from: Notural causes . Accident	, Suicide , Hamicide , Undetermined manner
ACTUAL SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S MB. DAVI'S M.	DEPUTY MEDICAL EXAMINER
220. BUREAL CHONATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CREMATORY NATIONAL POLITICAL 22d. LOCATION (City, town, or county) (Stote) NATIONAL ATIONAL 24o. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MOV 2 8 '60 CT. 12
WIWI Chambers to Riverdal	e, Md DATE TOUR author S. House

ALL MEDICAL EXAMINER'S CERTIFICATE OF DEATH -the same of the sa FIRM OF AZ-IN INCOME. THE PERSON OF MICH. TO LET THE 42 from Community (A) (A) (A) (A) (A) (A)

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CERTIFICATE OF DEATH

14430	OEK III ION	IL O. DEATH	Reg. Dist. No.
De County Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased I o. STATE Maryland	ived. If institutiah: Residence befare admission) b. COUNTY
RURAL and give negrest tawn)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporal Baltimore	te limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION 3334 Willought	/ () /	d. STREET ADDRESS 5500 Fernpark	Avenue e. Is residence on a farm? YES \(\) NO \(\)
NAME OF DECEASED (Type or print) Mrs. Nellie	Middle	Hanssen 4. DATE OF DEATH	Nov. 27th 1960
sex 6. COLOR OR RACE 7. MARRIET white WIDOWED	20	June 17, 1890	AGE (In years last birthday) Manths Days Haurs Min.
to. USUAL OCCUPATION (Give kind af wark dane lob. Kilduring mast af warking life, even if retired) Housewife.	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country Baltimore, Ma	1 1 1 11CA
3. FATHER'S NAME John Stemler		14. MOTHER'S MAIDEN NAME Emma Michael	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (16 yes, no, or unknown) (17 yes, give wor or dates of service)	ocial security no. IN 20-9577 Mr	FORMANT	5500 Fernpark Ave.
Kej	realed (Lie Vase. X	CONSISTION GIVEN IN PART (G) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Haur a. m.	URY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City a ary, street, affice bldg., etc.)	M Bulleton and Control
21. I certify that lattended the deceased alive an 125 60 19 ACTUAL SIGNATURE	from 1/24		7, 190, that I last saw the deceased the causes and an the date stated above et, city ar town state) Output Outp
PHYSICIAN'S FRANKTK 2a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/30/60	751K) 22c. NAME OF CEMETERY OR RAPKWOOD (CREMATORY 22d. LOCATIC Emetery Ba	N (City, town, or county) (State) Ltimore, Maryland
3. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	Harford Boo	24a. REC'D BY REGISTRA	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. s after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VS A1S (4) 1SM 9/SB

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ond completely filled in by the funeral director, bon papers. Pages 1 and 2 shauld be filed with

in any event, within 72 haurs after death.

Then please remave carbon papers.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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		19900	T.A	CERTI	FICA	TE OF DEATH) o+				14	407)
	PLACE OF DEATH o. COUNTY	Baltimore	1 (e iii s	MAR	YLAND	2. USUAL RESIDENCE (W	nere decease	d lived. If institut b. COUNTY			re admiss	
-	b. CITY OR TOWN (If autside corporate limit earest tawn)	ts, write c. L	ENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF			RURAL and	give nec	rest town	1)
		tonsville		10 0	lays	Baltimo	re .	15, Md.				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g		ss) Catonsv	ill	d. STREET ADDRESS	ount	Ave.)			FARM?
	NAME OF	Fire		Middl		Last	4. DATE	Mai	nth	Do	v	Year
	DECEASED (Type or print)	Mary	5	Sherwoo	od	Harbaugh	DEATH	Novemi	ber	10	,	19 60
S. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS.
1	Vale	White	WIDOWED [DIVORC	ED 🔲	Feb. 22.1893		67 yrs.	Months	Days	Hours	Min.
10a	JUSTAL OCCUPATION	ON (Give kind of work of	one 10b. KIND	OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12.CI	TIZEN OF	WHAT	OUNTRY?
	Housewi	king life, even if retired)		m home	9	Baltimo	re. l	Md.		U.S.	. A.	
13.	FATHER'S NAME	(m) = (m) = (m)		0.015		14. MOTHER'S MAIDEN						
	Hendr	v Boring				Rachel	Bat	ıer				
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of se		AL SECURITY N		r. Robert H	arbai	Ead	les in	ore air	15,	Md.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	(0), (b), and (c)	ا-ار	failur					ERVAL BE	
	Canditions, if a	mmediate)	1 tigl	Be	bod pe	ssu		, i		int	neu
	couse (a), stating lying couse last.											
FICATION		, ,	DITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) 1	P. WAS PERFO YES	AUTOPSY RMED?
CERTI	OR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY	OCCURRED	D. (Enter nature of injury in	Part I ar Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUI Haur a.m.	RY Month, Doy, Yeo	While of work	Y OCCURRED Not while at wark	20e. PLA foc	CE OF INJURY (Hame, fari tary, street, affice bldg., et	20f. (Cit	y ar town)		(County)		(State)
ME	р. п.					,	4	11/10		-0		

23c. NAME OF CEMETERY OR CREMATORY

4605 EDMONDSON

terv

250. REC'D BY REGISTRAR NOV 1 4 160

23d. LOCATION (City, town, or county)

AU 2

Md.

256. REGISTRAR'S SIGNATURE

(State)

29

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24, moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave carl the State Board at Health prior to burial, crematian, or remaval, and in any event, within TO HOS

LIFE

230. BURIAL, CREMATION,

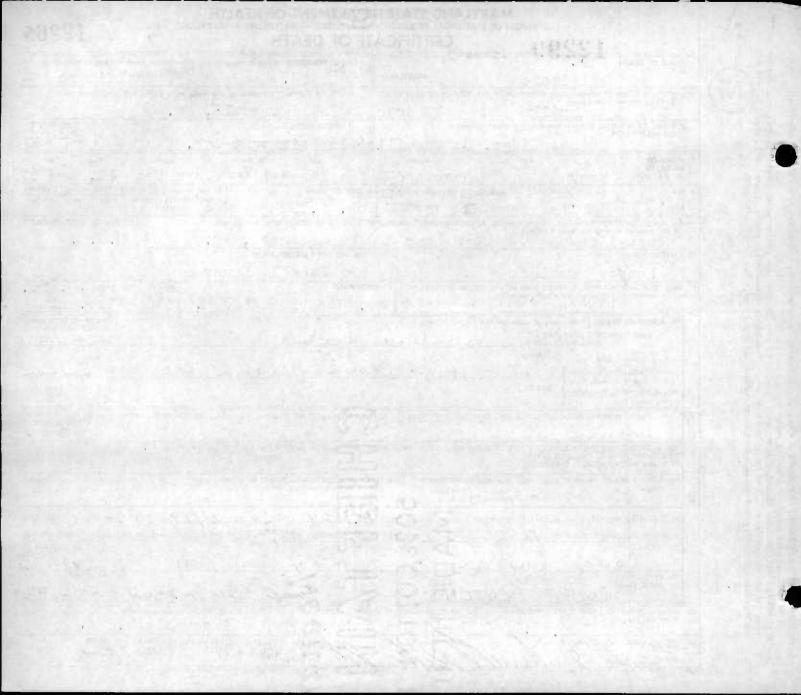
REMOVAL (Specify)

24. FUNERAL DIRECTOR'S BIGNATURE

23b. DATE THEREOF

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VR A1S (4) 1SM 9/59



(Stote)

Onthun S. Krauk

NOV 9

DATE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A15 (4) 15M 9/59

1.	6611	CERTIFICA	HE OF DEATH				
1. PLACE OF DEATH o. COUNTY Balt:	imore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased	lived. If institution b. COUNTY	n: Residence befo	
b. CITY OR TOWN (If outside RURAL and give nearest to Baltimore (corporote limits, write wn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o		(Arbut	1	arest town)
d. NAME OF HOSPITAL (IF IN OR INSTITUTION 12'	of in hospitol, give street 74 Maple A		STREET ADDRESS 1274	Maple	e Avenu	е	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Eugene F.	Middle Hargadon	Last	4. DATE OF DEATH	No	_	y Year 196019
		RIED NEVER MARRIED	Sept. 8, 18	395	AGE (In years last birthdoy) 5 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Given during most of working life, Baltimore Fee	even if retired)		JSTRY 11. BIRTHPLACE (Stote Maryland		antry)	U. S.	A.
13. FATHER'S NAME Bryan C. Har	radon		14. MOTHER'S MAIDEN N		1		
15. WAS DECEASED EVER IN U.			NFORMANT (Wife)		Addr		re. #27
Conditions, if ony, wh gove rise to immedicouse (o), stoting the unclying couse lost. PART II. OTHER SIG	DUE TO (c)	Yocas dial leveralized CONTRIBUTING TO DEATH BU	actenos de TNOT RELATED TO THE TERMI		s. Hype	rclent Liteusin	year 19. WAS AUTOPSY PERFORMED? YES □ NO □
20g. ACCIDENT WAS UND OR CONTRIBUTING CA' (IF EITHER, NOTIFY MEDIC	JSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port	II of item 18.)		
20c. TIME OF INJURY More Hour o. m. p. m.	nth, Doy, Year 20d. I While of wor	Not while fo	LACE OF INJURY (Home, form portory, street, office bldg., etc.		or town)	(County	r) (Stote
21. I certify that (I) (saw the deceased al	1124-1	ded the deceased fram.	death accurred at	16 .ta M, fram 1	Nry. 6		hat (I) (we) las e stated abave
220. SIGNATURE	arm	anos	M.D. ATTENDING M	ED.	STAFF PHYS.	Nov. 7.	1960 SIGNE
	hry Armana			lkens	Avenue		
BUTTA (Pecify) 236	1/9/60	Loudon Par	k Cemetery		timore,		and (Stote)
24. FUNERAL DIRECTOR'S SIGN Howard H. H	ature ubbard 410	ADDRESS O7 Wilkens A		D BY REGISTI		STRAR'S SIGNATURE	10

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1274 Maple Avenue n. .

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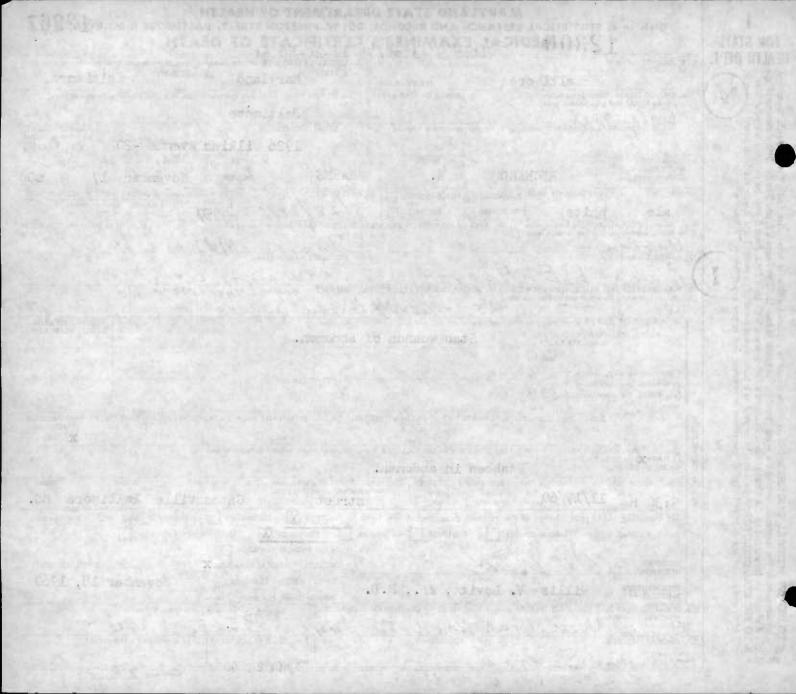
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINE -28-60-et 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidance before edmission) a. COUNTY and 3 to the funeral director. Page a. STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (II outside corporata limits, write RURAL and give naeres) town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddross) Baltimore Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B 1926 Wilkins Avenue -20 YES NO NAME OF Middle DATE Year DECEASED OF the RICHARD HARMS E. (Type or print) DEATH November 60 19 2 with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. s 1, 2, and 3 age 5 may 1 and 2 will 72 hours last birthday) Months Hours Min. Male WIDOWED [DIVORCED certificate should be executed within 24 hours after 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired) Give Pages 1, DARBER 13. FATHER'S NAME File pages form PM3. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT in pencil in Item 18. permit. (Yas. no. or unkown) ! (Ifvesgive war or dates of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Stab wounds of abdomen. pue IMMEDIATE CAUSE (a) burial-t Office loval, DUE TO Conditions, if any, (6) "pending" gava risa to immadiata cause co Examiner's DUE TO (e), stating the underlying 35 cause last. (c) be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical YES DE NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 5 PRIMARY OF CONTRIBUTING DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. Stabbed in abdomen. writing to Chief / 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Yaar (County) (Stata) factory, street, office bldg., etc.) Whila Not Whila 0 17/60, Catonsville Baltimore Md. the R: Pa at work at work street prior please execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Accident Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE November 18, 1960 DEPUTY MEDICAL EXAMINER EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 0 40 Dunal 23. FUNERAL DIRECTOR 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATENOV 21 3512 FREDERICK AVE. (29



FOR STATE HEALTH DEPT.

TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a slay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the luneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2311	CONTRICATION OF COLUMN
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY BAIT IMORE
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
PARKVILLE (14)	55 PARKVILLE - BALTO. 14 TOWSON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS //6 WILLOW! AVE ON A FARM?
2011 East Joppa Road	2011 East Joppa Road YES NO V
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) EARLE	HARRINGTON DEATH November 18 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 Iast birthdey Months Days Hours Min.
Male White WIDOWED DIVORCED	1100, 24, 1877 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
STOREKEEPER FOOD-RETAIL	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM TARRINGTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	ELLA IHUMBLERT INFORMANT
(Yes, no for unkown) (If yes give war or detes of service)	
NO NOWE	MRS. EARLE MARRINGTON, TOWSON, N.P.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	2 A BETORRIAGE INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMTICATORIES	CAC 100, 1000 MATER
DUETO SPONTAN	1 ems
Conditions, if any, which (b)	
gave rise to immediate cause	
(e), steting the underlying cause lest.	사용에 여름이 나는 아이를 어느 때문에 얼마나 아니
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
VIII -	YES NO
	(Enter nature of injury in Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour e.m. While Not While fa	ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	neld an Autopsy x, Inspection , Inquiry , and in my opinion
	icide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL (./D) / / / /	ACCISTANT MEDICAL SYMMISE ACCISTANT MEDICAL SYMMISE ACCISTANT
SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER 11/19/60
EXAMINER'S W. Bradley King, Jr., 1	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
BURIAL NOV. 21. 1960 MAYS CHAP	OFI PEM. TIMMINAM MD.
23. FUNCAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John Burns Sons Tourson A	10, DATENOV 22 '60 archur S. France
1 10 00 1 10 10 10 10 10 10 10 10 10 10	I DATE COUNTY 2. TOWN

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

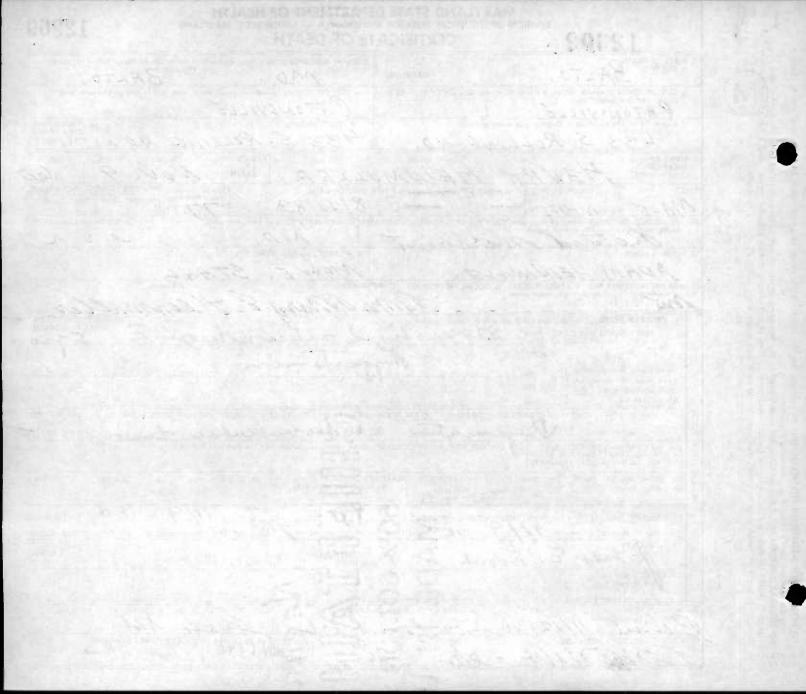
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s after death. Page 4 hysician and campletely filled in by the nave carban papers. Pages 1 and 2 shaut, within 72 hours after death. LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSI OR ATTENDING PHYSICIAN: The law requires that the death cert may be retained by the haspital or attending physician. Yet may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plots as should be detached for use as the burial-transit permit. Then please rem the State Board of Health priar to burial, cremation, ar remaval, and in any even	T		d	P	C
TO HOSI OR ATTENDING PHYSICIAN: The law requires that the death may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the buriol-transit permit. Then please the State Board of Health prior to burial, cremation, ar removal, and in any se	Ü		6	-	7
TO HOSI OR ATTENDING PHYSICIAN: The law requires that the dead may be crained by the haspital or attending physician. May be crained by the haspital or attending physician. Solution of the property of the physician of the property of t	4		÷	Se	>
TO HOSI OR ATTENDING PHYSICIAN: The low requires that the diagram may be crained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the atteraction as a should be detached for use as the buriel-transit permit. Then the State Board of Health priar to buriel, cremotian, ar removal, and in plants.	0		Č.	ě	5
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TO HOSI OR ATTENDING PHYSICIAN: The low requires that may be retained by the haspital ar attending physician. MAY MAY BE STANDING THE INSTITUTION OF THE PHYSICIAN OF THE PHY	=		he	h	P
TO HOSI OR ATTENDING PHYSICIAN: The law requires the may be retained by the haspital ar attending physician. Solver To FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The State Board of Health prior to burial, cremation, or removal.	ō		-	_	0
TO HOSI OR ATTENDING PHYSICIAN: The law requires may be crained by the haspital or attending physician. May be crained by the haspital or attending physician. Solar TO FUNERAL DIRECTOR: After this certificate has been signed appage 3 should be detached far use as the burial-transit permit the State Board of Health priar to burial, cremation, ar remayar.	÷		Q.	-	=
TO HOSI OR ATTENDING PHYSICIAN: The low require may be croined by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed as 3 should be detached far use as the burial-transit report he state Board of Health prior to burial, cremation, ar representations.	97		P	Ε	Š
TO HOSI OR ATTENDING PHYSICIAN: The law required may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit phe State Board of Health prior to burial, cremation, or rea	.=		ne	ē	Ĕ
TO HOSI OR ATTENDING PHYSICIAN: The law remains by be crained by the haspital or attending physician may be crained by the haspital or attending physician to FUNERAL DIRECTOR. After this certificate has been so again the State Board of Health prior to burial, cremation, and	20		.0	۵.	ē
TO HOSI OR ATTENDING PHYSICIAN: The low MAY be retained by the haspital an attending physicism by be retained by the haspital an attending physicism by be retained by the base beet of page 3 should be detached far use as the burial-transfer. The State Board of Health priar to burial, cremation,	e e	5	6	S	-
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	15	M	9/5	9	

1. [COUNTY BALTO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALTO.
-	c. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 433 5. ROLLING RD.	d, STREET ADDRESS 433 S- ROLLING RO. e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print) FIRST Middle FIRST Middle FIRST Middle FIRST MIDDLE M	Last 4. DATE Month Day Year OF DEATH NOV. 9 1960
5. 9	6. COLOR OR RACE 7. MARRIED NEVER-MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 7 yrs. 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 9. AGE (In years lost birthdoy)
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	- Mp. U.S.a
13.	ADAM HEINMULLER	14. MOTHER'S MAIDEN NAME MARKE. STAHL
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ma Mary & Hemmaller
	18. CAUSE OF DEATH [Enter only one cause per list for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. (c)	gel arterioseleros ? Sys
CERTIFICATION	Degenerative	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL (20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State
	21. 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an	n. 19 Sta 9 , 19 9 Hhat (1) (we) last death accurred at 7 M, from the causes and an the date stated above 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS
1	BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	Parla Balto Mol.
24.	FÜNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	280. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cuthing 8, Thank



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

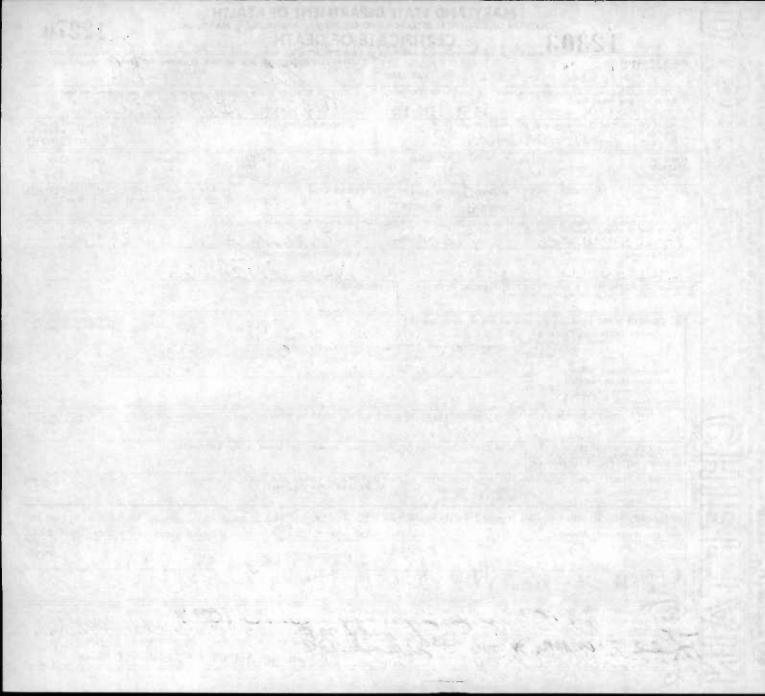
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dir.			LACE OF DEATH COUNTY Baltimore	MARYLAN
era era	2 4	1	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN
	should	2	NAME OF HOSPITAL (If not in haspital, give street, OR INSTITUTION GOVE STATE	osh, bul
24 in led in	F. Jond		JAME OF JECEASED Type or print) Elaine	Pauela
d within letely fi	after death.	5. 5	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED
e executed and compl	9 20	10a	USUAL OCCUPATION (Give kind af wark dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR IN
rtificate be physician an	within 72 h	13.	LUCIEN W. Bue	11
certific	nt.		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.
law requires that the deoth certificate be executed within ysician. been signed by the attending physician and completely fil	Then please and in any ev		18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).]
equires tho	r remaval,		Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO	lrferiose
The law red physician has been s	burial-tronsit	ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH
产の上	e .	CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU
17 S	use as ta buria	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour a.m. p. m. 19 White at worl	NJURY OCCURRED 20e
NDING PL hospital After this	alth prior		21. I certify that (I) (this haspital) attends aw the deceased alive an 11-9-	ed the deceased fro
	af He	9	22a. SIGNATURE Stella (Wachsler
ehaine AL DII	Board		22c. PHYSICIAN'S NAME (Type) STELLIA	NACHSL
FUN TON	poge 3 st the State	23d	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME/OF CEMETER
0 E 0	. The	24_	ELINERAL DIRECTOR'S SIGNATURE	ADDRESS

Guller Tto	am le ga muzi	5-17-29-60 et	
PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	d. If institution: Residence before admission) b. COUNTY P. G
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	imits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION GOOVE State	osp. Del	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type ar print) First Elaine	Powell	Heis Gell 4. DATE OF DEATH	Manth Day Year / 1960
F W WIDOWEI	D DIVORCED	8-16-1881	GE (In years st birthday) Yes. FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
a. USUAL OCCUPATION (Give kind af wark dane 10b.) during mast of working life, even if refired)	TOME	VIRGINIA	12. CITIZEN OF WHAT COUNTRY
LUCIEN W. BWE	11		uGh
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	pring Grove State Hagp	to Records.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO DUE TO DUE TO	e for (o), (b), and (c).] Exterio Scl. Urferio sale	Cardio Vasa.	Diseas INTERVAL BETWEEN ONSET AND DEATH
lying couse last. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURREN	O. (Enter nature of injury in Part I or Part II of	YES NO 1-
20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a.m. While p. m. 19 at work	Nat while fac	ACE OF INJURY (Hame, farm, 20f. (City or to tory, street, office bldg., etc.)	(County) (State
21. I certify that (I) (this haspital) attended saw the deceased alive an 11-9-		//- 8 - 19.60 , ta //	causes and an the date stated abave
22a. SIGNATURE Stella	Wachsler.		AFF IYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) STELLIT	NACHSLE	R Spring Grow	State Hopine
REMOVAL (Specify) 235. DATE THEREOF	23c. NAME/OF CEMETERY O	tun Con Oto	(City, town, or county) (Stote)
LELIMERAL DIRECTOR'S SIGNATURE	4 300 14	DATE NOV 1 4 '60	256. REGISTRAR'S SIGNATURE Outhur S. Kraus

1SM 9/59



TO HOS

VR A1S (4) 1SM 9/59

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1.	LACE OF DEATH	Baltimore		MARYL		2. USUAL RESIDENCE (Who o. STATE Maryla		lived. If instituti b. COUNTY		ce before		on)
	RURAL ond give r	(If outside corporate limit learest town) Catonsvil		c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If o	utside corporo	te limits, write F	URAL ond g	give near	est town	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g Ridgeway M		oddress)		d. STREET ADDRESS 944 Renfrey	w Stree	et		•		DENCE FARM? NO
	NAME OF DECEASED Type or print)	Fir		Middle ALETHA		HICKEY	4. DATE OF DEATH	Nove	mber	Doy 21		9 60
5. 5	Female	6. COLOR OR RACE	7. MARR	DIVORCED		Dec. 21, 18		lost birthdoy) 83 yrs.	Months Months	Doys Doys	Hours	R 24 HRS. Min.
10a	USUAL OCCUPATE during most of wo Housewif	rking life, even if retired)	lone 10b.	KIND OF BUSINESS OF	NDUST	RY 11. BIRTHPLACE (Stote Maryland	or foreign cou	intry)	12. CITI	ZEN OF	WHAT C	DUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			7	350	5 767
	George E	. Sanders				Charlotte (Crew					
	WAS DECEASED EV , no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO.	175	ormant s. Emily E.	Jacob-9		ress	tree	t #	21
		the under-	-	Bronch Senile	- Sell P.	Preumona Sychoris	A 19	nease			a gr	
CERTIFICATION		HER SIGNIFICANT CON		Tenerale	mil	Catery (Enter noture of injury in I	- Sch	CONDITION GI	VEN IN PAR	T 1(o) 19	PERFO	NO 🖾
CERT	OR CONTRIBUTING	G CAUSE OF DEATH										
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED Not while of work		CE OF INJURY (Home, form rry, street, office bldg., etc.		or town)	(0	County)		(Stote
	21. I certify th saw the deced 220. SIGMATURE	at (I) (this haspital	ottend V.5			ath occurred at 3.30	54.ta_	he causes a			stated	abave.
	Zerl 22c. PHYSICIAN'S	L. Chan	ber		М	D. ATTENDING MI PHYS. DI 22d, ADDRESS	ED. RECTOR	STAFF PHYS.				SIGNED
	NAME (Type)	Earl L. C	ham	sers-		4108-Li	berty	HTs. 13	Balto	-7-	had	
230	BURIAL, CREMATI REMOVAL (Specify Burial			23c. NAME OF CEME				ON (City, town,		nd	(Stote	e)
24.	FUNERAL DIRECTO		1	ADDRESS	01		Na Sufficient	AR 2Sb. REG	ISTRAR'S SI	GNATUR		

BATTARD NO BEADER/SED SELECTION OF THE SECOND ± . prosecution of the business of the correction of The county was in all Williams of the williams and Contract Bursen the first of the same that the For Colonia Co The second control of the second control of the second sec

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
Maryland
b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)

Baltim	nore Co.		Balti	more (co.				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS					e. IS RES	IDENCE FARM?
	826 Patterson	Ave.	3826 Patt	erson	Ave.				NO X
3. NAME OF DECEASED (Type or print)	First CORNELIA	Middle HOUSTC	N HILL	4. DATE OF DEATH	Novem	-	14	1	Yeor 19 60
5. SEX Female		MARRIED NEVER MARRIED DOWED DIVORCED		85	9. AGE (In years lost birthday) 75 yrs.	Months	R 1 YEAR Days	IF UNDE Hours	R 24 HRS Min.
10a. USUAL OCCUPAT during most of we At hom 13. FATHER'S NAME	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR IN		ohia, M	ountry)	12.CI	USA	WHATC	OUNTRY
15. WAS DECEASED EN	nas F. Lansd VER IN U. S. ARMED FORCES 1 (II yes, give wor or dotes of service	? 16. SOCIAL SECURITY NO.	INFORMANT Janet Himes-		Add				T THE
Conditions, if gove rise to couse (o), stotin lying couse los	g the under-		BUT NOT RELATED TO THE TER	9RT - Z	DISEASE	'EN IN PA	RT I(o) 1	9. WAS	AUTOPSY PRMED?
20a. ACCIDENT V	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year .	20d. INJURY OCCURRED While Not while of work	RRED. (Enter noture of injury PLACE OF INJURY (Home, fo foctory, street, office bldg.,	orm, 20f. (City			(County)		(Stote
21. I certify, alive on Ma	that I attended the de V. 14 Parl L. Cha		M.D. 4/08	ADDRESS (S		d on the state) //	e date	stated GCDAT	abave E SIGNE
220. BURIAL, CREMAT REMOVAL (Specif	10N, 22b. DATE THEREOF	22c. NAME OF CEMETER			TION (City, town,	, ,		(Stot	

the ottending physicion and completely filled in by the funeral Then please remove corbon papers. Pages 1 and 2 should be f death. TO FUNERAL DIRECTOR: After this certificate has been signed by permit. in ony cremotion, or removal, and page 3 should be detached for use as the burial-transit the registror prior to buriol, etoined

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2;

should be filed with director,

s ofter death.

FEE

TO HOS VS A15 (4) 1SM 9/58

Ellsworth Armacost-4600 Liberty Hights. Ave.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DANEOV 1 7 '60

arthur S. Krous

Saltienura Co. The state of the s Criscoppin, Maryland of Use and sprog da clears. W. Strain Thomas F. Lagodale None Janet Titmes-3640-Pattor son Ave. 3 0,0 S HOTAKEAN BUREN DIRECTOR Missoria Armacont-Sold Liberty Relia Ave. Proveits

or removal.

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 12273 Reg. Dist. No.

PLACE OF DEATH	Baltimore		MARYLANG	O. STATE	-		b. COUNT		fence be	fore adm	ission)
b. CITY OR TOWN IN	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16		-	land outside core	porote limits, write	RURAL on	d give n	eorest to	wn)
and give nearest town	Inverne			Inver							
d. NAME OF HOSPIT			pital, give street address)	d. STREET AD		,				e. 15 R	ESIDENCE
				400 E	Bay S	die D	rive				A FARM?
3. NAME OF DECEASED	Fir	si	Middle	Last		4. DATE	Mont	h	Day	1	fear
(Type or print)	Michael	A Hil	1			DEATH	No	ovemb	er 1	2 19	030
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS
malte	white	WIDOWED	DIVORCED [May 2	1881		79 ym.	Months	Days	Hours	Min.
during most of working	g life, even if retired)		IND OF BUSINESS OR INDU				country)	12. CI1	TIZEN O	F WHAT	COUNTRY
Beth stee	l ret	Be	th Steel		enna						
13. FATHER'S NAME				14. MOTHER'S M							
Rittner		00000			lolli	e Sti					
15. WAS DECEASED EV	If yes, give war or dates of		SOCIAL SECURITY NO. 17.	INFORMANT			Address				
				lerman Sch	ultz	54 B	roadship	Dune	dalk	Md	
Conditions, if o gove rise to immed (o), stoling the couse lost. PART II. OTE 20a. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH.	diote couse DUE TO (c) SER SIGNIFICANT CON USE WAS 120	DITIONS CO	NTRIBUTING TO DEATH BUT	MIN		Male		VEN IN PAI			AUTOPSY DRMED? NO
	RY Month, Day, Yes	or 20d. II	NJURY OCCURRED 306. PL	ACE OF INJURY HE	me, form	20f. (City	or town)	(Co	ounty)		(Stote)
20c. TIME OF INJUI	19	While		ctory, street, office b	idg., etc.	1					201
21. I certify the death resulted	nat I taak charge from: Natural	of the recauses 7	emains described ab	M.D. CHIEF ME	micide DICAL EX	AL EXAMINE			13		find the
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Nov 15/	J. 18	22c. NAME OF CEMETERY O			22d. LOCA Hows	TION (City, town, and Count			(Stot	(a)
23. FUNERAL DIRECTOR			ADDRESS	2		D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
III.lrich Fu	neral Home	2112	Dundalk Ave		DATE NO	OV 1 6 '6	50 a	rehur &	. Hear	4	

HTARERO READERED ENGINEERS AND DEPOSITE OF SEC. Language Burgan Charact District Character and the Control of the NEW SHADOW ROOM THROUGH BASE OF MARCH AND THE VISION WHERE

CEPTIFICATE OF DEATH

12274

	1	2307		CERTI	FIC	ATE OF DEA	TH			Reg. D	ist. No	16	4 6 7
1.	PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	(Where de		If institution. COUNTY			re odmiss rund	
	RURAL and giv	N (If autside corporate lime nearest town) NSVILLE	its, write	c. LENGTH OF STAY		c. CITY OR TOWN				URAL and	give ne	grest town	ĽX.
	d. NAME OF HO OR INSTITUTION SRING	SPITAL (If not in hospital, ON GROVE STATE		oddress) SPI TA L	Ŋ.	d. STREET ADDRES							IDENCE FARM?
3.	NAME OF DECEASED (Type or print)		st erick	Middle Gotwald		lolahan	4. D O D		Nov	rembe	r 2	7	Year 60
5.	male	6. COLOR OR RACE white	7. MAR	RIED A NEVER MARRI ED DIVORCE		B. DATE OF BIRTH Aug. 26, 1	1914	9. AG	E (In years birthday) yrs.	IF UNDE Months	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
100	during most of Profe	ATION (Give kind of work working life, even if retired SSOT	dane 10b.	Eng. Lit.	OR INDU	ISTRY 11. BIRTHPLACE (S		eign country)			S.		COUNTRY
13.	FATHER'S NAME		244			14. MOTHER'S MAID	EN NAME						
	Unknown	1				Unkno	own						
	WAS DECEASED	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO). 17.	INFORMANT			Addr	ess	Drag		
	yes	1942-46		Unknown		Records: S	SPRING	G GRO	VE SI	ATE	HO3	SPITA	L
U	70017	DEATH [Enter only one c	ouse per li	ne far (a), (b), and (c).]						INT	ERVAL BE	TWEEN
NOI	Conditions, i gave rise to couse (a), stati lying couse to PART II.	immediate DUE TO	Co Co Co Co		rte	riosclerosi		Isease con	DITION GIV	EN IN PA	RT 1(a) 1	19. WAS	AUTOPSY
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING NG CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injur	y in Part I	or Port II of i	tem 18.)				NO []
CER	(IF EITHER, NOT	ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	7										
MEDICAL	20c. TIME OF IN Havr a. I	m. 10	ar 20d. I While at war		20e. Pt	ACE OF INJURY (Home, ctary, street, affice bldg.	form, 20f	. (City or tov	rn)		(County)		(State)
	actual	that I attended the Nov. 21 Sulla	, 12_		death	accurred at 21.1	15p m, Addri G GROV	from the ESS (Street, co	ty or town,	nd an stote) OSPIT	the da	te state	
220		Stella Wa		P. M. D.	ÉTERY C			Le 28,				(State	e)
23	REMOVAL ISPAC		-1961	196-7	me	color	V	non	24b. REGIS	lor	gel	-0 r	md
7	fulm	M. Jayl	u du	o Onne	up	ols Mc DATE	NEGY 2Y E	EGISTRAK		hun 8.			

may baretained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2,

TO HOS VS A15 (4) 15M 10/57

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	THE YES THE			
	E. L. Dotte hat he	I.A. v. Tall grown brapes plants from a very 200		
and the same				
The Lawrence and Lawrence				

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

RURAL ond give necrest town) FORT HOWARD d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) WILBUR M. HULL DATE Mo OF HULL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVE	Residence before admission)
RURAL and give necrest town) ON INSTITUTION ON INSTITUTION ON INSTITUTION ON INSTITUTION ADMINISTRATION HOSPITAL 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) ON INSTITUTION ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) WILBUR M. HULL OEATH NOVEMBER S. SEX OCOUNTY OEATH NOVEMBER ON AGE (In years If lost birthday) MALE WHITE WIDOWED DIVORCED DIVORCED ALOUST ALOUST OEATH OF BIRTH OF BIRTH OST IN INSTITUTE OF BIRTH OF BIRTH OF Institution OF INSTITUTE OF BIRTH OF Institution OF BUSINESS OR INDUSTRY OF INSTITUTE OF INSTITUTE Address The AGE (In years If Institution) OF INSTITUTE OF INST	CARROLL
OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	AIV)
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S. SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) SALESMAN —Unemployed 13. FATHER'S NAME HARRY C. HULL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. I7. INFORMANT VFS WIDOWED DIVORCED 11. BIRTHPLACE (Stole or oreign country) MARYILAND 14. MOTHER'S MAIDEN NAME FANNTE C. MYERS 16. SOCIAL SECURITY NO. I7. INFORMANT Address CLIN REC VAH BALTO 18 MD FT HO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Doy Year
MALE WHITE WIDOWED DIVORCED AUGUST 6, 1894 666 VIS. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) VES WHO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DIVORCED DIVORCED DIVORCED DIVORCED 10. LINUSTRY IT. BIRTHPLACE (stole or oreign country) MARYI.AND 14. MOTHER'S MAIDEN NAME FANNTE C. MYERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (if yes, give wor or doles of service) VES WHITE VIDOR 10. LINUSTRY IT. BIRTHPLACE (stole or oreign country) MARYI.AND 14. MOTHER'S MAIDEN NAME FANNTE C. MYERS Address CLIN REC VAH BALTO 18 MD FT HO OBSTRUCTIVE JAUNDICE OBSTRUCTIVE JAUNDICE DUE TO OBSTRUCTIVE JAUNDICE DUE TO (c)	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN —Unemployed 13. FATHER'S NAME HARRY C. HULL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Aonths Doys Hours Min.
SALESMAN -Unemployed 13. FATHER'S NAME HARRY C. HUIL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFORMANT VFS 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c) MARYTAND 14. MOTHER'S MAIDEN NAME FANNTE C. MYERS Address CLIN REC VAH BALTO 18 MD FT HO DETO OBSTRUCTIVE JAUNDICE DUE TO OBSTRUCTIVE JAUNDICE DUE TO (c)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HARRY C. HULL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address VFS 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) VES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. 16. SOCIAL SECURITY NO. 17. INFORMANT Address CLIN REC VAH BALTO 18 MD FT HO FT HO OBSTRUCTIVE JAUNDICE DUE TO OBSTRUCTIVE JAUNDICE DUE TO Lying couse lost.	0.0.2.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) VES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. 16. SOCIAL SECURITY NO. 17. INFORMANT Address CLIN REC VAH BALTO 18 MD FT HO FT HO OBSTRUCTIVE JAUNDICE DUE TO OBSTRUCTIVE JAUNDICE DUE TO Lying couse lost.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. LTO-18-3018 CLIN REC VAH BALTO 18 MD FT HO FT HO OBSTRUCTIVE JAUNDICE DUE TO Couse (o), stoting the under-lying couse lost. (c)	
18, CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c) DUE TO Couse (o), stating the under-lying couse lost.	OWARD DIVISION
Conditions, if ony, which gove rise to immediate couse (o), stating the under: Jying couse lost. Conditions Conditi	INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO OBSTRUCTIVE JAUNDICE (b) OBSTRUCTIVE JAUNDICE (c)	3 DAYS
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. OBSTRUCTIVE JAUNDICE (b) OBSTRUCTIVE JAUNDICE (c)	
gove rise to immediate couse (a), stating the under. lying couse lost. (b) DUE TO	UNKNOWN
lying couse lost. (c)	02122101121
, (0)	
LE L. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMINAL DISEASE CONDITIONS GIVEN	IN PART 1(a) 19. WAS AUTOPSY
	MOTERAL PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	cgically) ES LI NO X
Coc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
21. I certify that (1) (this hospital) attended the deceased from 11/10/60 4:80to11/14/	, 1960, that (14 (we) last
sow the deceosed olive on Nov. 14 1960, and that death occurred of PM. M., from the causes and a	on the dote stated obove.
Freshrick S- Consider M.D. ATTENDING MED. DIRECTOR STAFF PHYS. IX	11/15/6
22c. PHYSICIAN'S NAME (Type) FREDERICK S. DONALDSON, M.D. 22d. ADDRESS VAH, BALTO.18, MD. FT. HOWARD	DIVISION
23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or cemetery Carroll Count	county) (Stote)
24. FUMERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

The physician and campletely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOS VR A1S (4) 1SM 9/59

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TRANSPORTER STATE OF THE STATE Section 194 A STATE OF THE PARTY OF THE PAR nvastra i Arbion selecti, de ette guitti in oli 145 gibber Albert et Aubeure e

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death.

1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If outside corporate limits, write

ring most of working life, even if refired)

RURAL and give nearest town)

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catomanell d. NAME OF HOSPITAL (If not in hospital, give street address)

d. STREET ADDRESS

4. DATE

IS RESIDENCE ON A FARM? YES | NO |

INTERVAL BETWEEN ONSET AND DEATH

3.	DECEASED (Type or prin
5	SEX

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

OF DEATH LOVEMBER 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

Day Year 1960

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1		JLA	
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DIVORCED | WIDOWED |

100. USBAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

yrs. 12. CITIZEN OF WHAT COUNTRY?

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NO.	PATRICK	3 1	IWWE	

ROUT DRD HHAM

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K	(Yes. no	10	unknow	rn)					vor o

1100

MED FORCES? 16. SOCIAL SECURITY NO.

17. INFORMANT 6. WEST BROOK

BRONEHOPNEUNONIA

HONE: Speczow

18. CAUSE OF DEATH [Enter only one couse	per line for	(0).	(b), ond	(c).]
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	BRO	N	e H	0
THE PUE TO				

couse (o), stoting the under-

DUE TO Conditions, if ony, which (b) gove rise to immediate

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D

lying couse lost CERTIFI

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Doy, Year

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)



20c. TIME OF INJURY Hour o. m 21. I certify that I attended the deceased from MARCH

at work ot work

19 55 to NOV. 12 19 60 that I last saw the deceased

3

DATE SIGNED

ACTUAL

RE

CATONSVILLE

Shou stror	PHYSICI NAME (
FUNE Gge 3 Gge 3 Fe regis	220 BURIAL,
5 0 =	23. FUNERAL

URIAL CREMATION.

22c. NAME OF CEMETERY OR CREMATORY

19.60, and that death occurred at 3:15 PM, from the causes and an the date stated above.

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

EMOVAL (Specif)

244. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATELOV 1 5 '60

Circhus S. Thomas

VS A15 (4)

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		OF STREET		PER SERVICE
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	STEN MANAGED		A STATE OF	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the huneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit perpit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in afty exect within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27

12010 MEDICAL EXAMINERS	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
e. COUNTY Baltimore MARYLAND	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (# outside corporete limits, write RURAL end give neerest town)
lowson	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street eddress)	d. STREET ADDRESS 526 Chateau Avenue o. Is RESIDENCE ON A FARM? YES TO NO DEX
3. NAME OF No. Charles Street	Last 4. DATE Month Dev Year
DECEASED (Type or print) Mr. Angelo Vincent Inqu	i OF November 30 19 60
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED 1	Dec, 24/1918 last, birthdex) Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Social Security Government	Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Inqui, Sr.	Gaetana De Bole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, np, or unknown) (Ifyes give were redetes of service)	NFORMANT Address
yes W.W. 2 216714-4735 M	r. Joseph Inqui, Jr. 3406 Belair Road
18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Monary Edema Sidden
A MAREDIATE CAUSE (e)	Million y - with southern
DUE TO	to Tie 11 1-11
Conditions, if eny, which geve rise to immediate cause	es +nsipidus 17/2
(e), stelling the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.)
PRIMARY CONTRIBUTING CAUSE OF DEATH.	
[]	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour e.m. p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suic	ide , Homicide , Undetermined manner
1/1/1/10	CHIEF MEDICAL EXAMINER
ACTUAL /// Dela -140/	ASSISTANT MEDICAL EVAMINED TO DETE SIGNED
SIGNATURE COMEST CONTINUES	M.D. DEPUTY MEDICAL EXAMINER A
EXAMINER'S NAME (Type)	MAddress (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 12/3/60 Holy Redeem	er Cem. Baltimore, Maryland
Burial 12/3/60 Holy Redeems 23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1 10 0 1 care Hand Road	#111 DEC 2 160 01 04
Leonard J. Nuck 5305 Harford Noda	THE DATE DEC 2 00 Century S. Thanks

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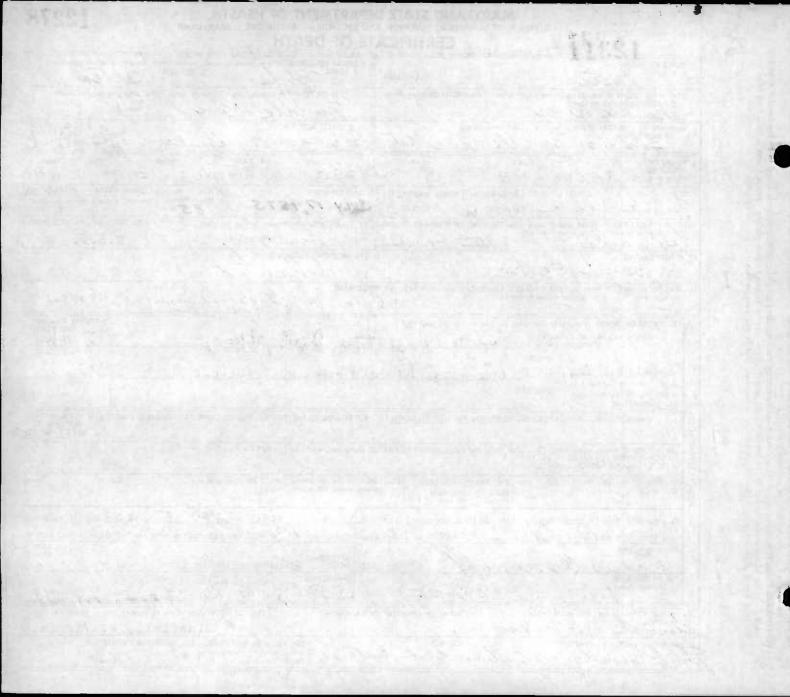
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

1	73 Items 12 & 2	LKIIIICA	6504	31/17/	ماند و		
1.	PLACE OF DEATH O. COUNTY Balto	MARYLAND	2. USUAL RESID	ENCE (Where dec	eased lived. If institut b. COUNTY		efore admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	H OF STAY IN 16	c. CITY OR TO	OWN (If outside of	orporate limits, write	RURAL and give i	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF 401 Middle Rive	in Rd.	Boy 4	401 m	iddle Kr	ver Rel	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) KAROLEMA	S, Middle	ACOB	4. DA	ATH NO V.		Day Year 1960
5.	Female White WIDOWED &	Page 1	JULY 17	,1875	9. AGE (In years last birthday) 85 yrs	Months Day	AR IF UNDER 24 HRS. S Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF Eduring most of working life, even if retired)	Home	TRY 11. BIRTHPLY	E (Stote or forei			OF WHAT COUNTRY?
13.	FATHER'S MAME Joseph Farkos		14. MOTHER'S	RNOW?			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (If yes, give wor or dates of service)	CURITY NO. 17. IN	CORMANT Ju	cob (Con) san	dress u as a	bove
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).]	Tive h	east Par	luro	II O	NTERVAL BETWEEN INSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. DUE TO (b) Conditions (c)	les tic ca	.dive	sculus de	ilase		10 yrs
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT N	NOT RELATED TO	THE TERMINAL DIS	SEASE CONDITION G	IVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO []
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED	. (Enter noture of	injury in Port I or	Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCC While Not to be mark of wark of wark of wark.	while foct	CE OF INJURY (Hory, street, office	lome, form, 20f. bldg., etc.)	(City or town)	(Coun	ty) (Stote)
	21. I certify that (I) (this hospital) ottended the also the deceased alive on Nov. 5. 19	deceased from	Ourg	1960,			that (I) (we) last ate stated obove.
	220. SIGNATURE		ATTENDING		_ STAFF _	na on me ac	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) LOUIS SEMENO	FF	22d. ADDRE	OREMS	s RD B	ALTO	20,49
1	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA/	ME OF CEMETERY OR	CREMATORY	23d. L0	Bluefi		(Stote) Virginia
34.	FUNERAL DIRECTOR'S SIGNATURE ADD	Blil Bre	to 21,	25a. REC'D BY RE		SISTRAR'S SIGNA	

s after death. Poge 4 TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after death. Page 4, may be remined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremotian, ar remayal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59



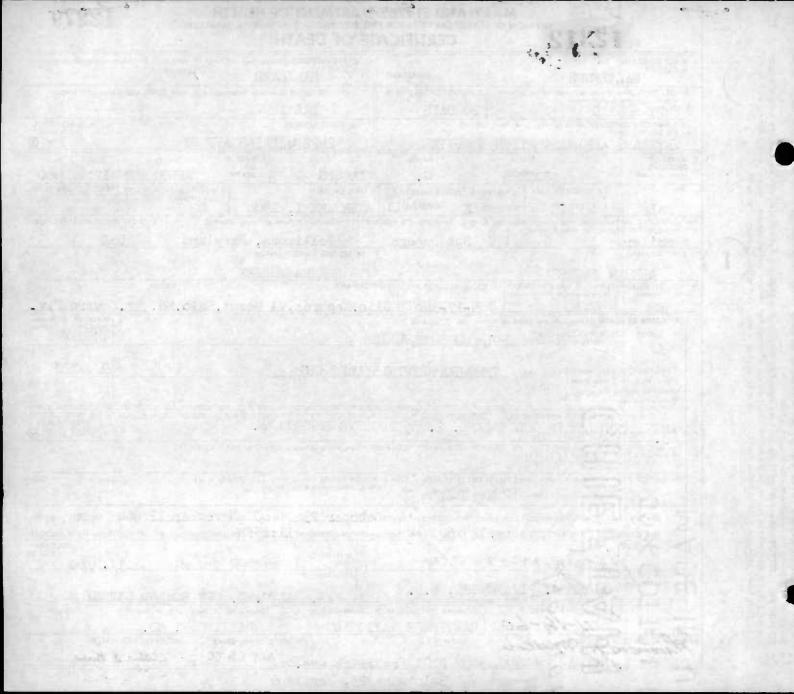
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	tar,	page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	-	1
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may be revained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	pe	the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 22 hours after death.	
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VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in softer death. Page 4

	4			•								
	PLACE OF DEATH a. COUNTY BAT.T	TMORE		MARY	LAND	g. STATE	DENCE (Whe		d lived. If institution b. COUNTY	on: Residence	e before adr	nission)
	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	tside corpo	rate limits, write R	URAL and a	ve negrest to	own)
	FORT HOWA	arest town)		20 DAYS			BALTIM			SV	31 -	4
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street	oddress)		d. STREET	ADDRESS				e. IS	RESIDENCE
	OR INSTITUTION VETERANS	ADMINISTRA	TION	HOSPITAL		242	22 WIL	KINS A	AVENUE			NO X
3.	NAME OF DECEASED	Fi	rst	Middle		La	st	4. DATE	Mon	ith	Doy	Year
	(Type or print)	JOS	EPH	G.		JACOBS	Daniel Control	OF DEATH	NOVE	EMBER	12	1960
5.	SEX	6. COLOR OR RACE	_	RIED NEVER MARRIE	DI	B. DATE OF BIRT	Н		9. AGE (In years last birthday)			VDER 24 HRS
	MALE	WHITE	WIDOW	ED K DIVORCE		FEBRUAR	1, 1	900	60 yrs.	Months	Days Hou	ors Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHP	LACE (State o	or foreign co	ountry)	12. CITIZ	EN OF WHA	TCOUNTRY
	Mailer	ing me, even in remed	"	Sun Pape	rs	Bal	Ltimor	e. Ma:	ryland	U	SA	
13.	FATHER'S NAME					14. MOTHER'S						
	ANDREW	JACOBS				BER!	THA WO	RLEY			BELL	
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 11	NFORMANT			Add	ress		
	YES	UWT		705-12-3467	Cl	in Recor	ds.VA	Hosp	t.Balb.Mo	i. Ft.	Howard	d Div.
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	22c. PHYSICIAN	1				22d. ADDR			-		1.1.00	
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234	BURIAL, CREMATIO	N. 23b. DATE THEREO	OF.	23c. NAME OF CEM	ETERY O	R CREMATORY			TION (City, town,			Statel
-50	REMOVAL (Specify)		60	BALTIMORE			7		TIMORE.	_	,	,,,,,,
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Baltimore 23, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Day

26

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U.S.A.

(County)

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e. IS RESIDENCE ON A FARM?

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19 60

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN 2 days

PERFORMED?

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(State)

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DATE SIGNED

(Stete)

11-26-60

12. CITIZEN OF WHAT COUNTRY?

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IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL SETWEEN

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Days

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25b. REGISTRAR'S SIGNATURE

Months

e. IS RESIDENCE

ON A FARM?

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Year

19

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24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12314 director, filed with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ofter death. b. CITY OR JOWN (If autside carporate limits, write RURAY and give hearest town) funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspitally give street address) STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Manth DECEASED fille (Type or print) DEATH 5. SEX 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last (biptyday) WIDOWED D DIVORCED [yrs. 10a. USUAL OCCUPATION (Giye kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign caunty) during most of working life, leven if reflired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending CAUSE OF DEATH [Enter only one cause per line for (a),_(b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which been signed gave rise to immediate DUE TO couse (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) os 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) While Not while at work at wark 21. I certify that I attended the deceased from 1962 that I last saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL DIRE 3 shauld PHYSICIAN'S FUNERAL NAME (Type)

22c. NAMEYOF

ADDRESS

CEMETERY OR CREMATORY

240. REC

DATE

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220. BURIAL GREMATION.

REMOVAL (Spedify)

FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

24b. REGISTRAR'S SIGNATURE arthur & truck

CATION (City, lawn, or county)

Reg. Dist. No.

Months

IS RESIDENCE

YES NO

Day

Days

(County)

IF UNDER I YEAR IF UNDER 24 HRS.

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES [

NO 🔝

(State)

DATE SIGNED

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12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 19	
12314 CERTIFICATE OF DEATH	
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PLACE OF DEATH

24 FUNERAL DIRECTOR'S SIGNATURE

HERBERT M. ST. CLAIR

o. COUNTY o. STATE MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Fort Howard, Maryland
d. NAME OF HOSPITAL (IF not in hospitol, give street address) 73 days Taylors Island d. STREET ADDRESS OR INSTITUTION Veterans Administration Hospital Box # 112 NAME OF DECEASED First Middle Lost 4. DATE W. TRVTNG KANE DEATH November (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH June 11, 1896 6/1 WIDOWED [DIVORCED | Male Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of warking life, even if retired) Saw Mill Madison, Maryland
14. MOTHER'S MAIDEN NAME Laborer 13. FATHER'S NAME Sarah Lee Charles W. Kane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records. FORT HOWARD DIVISION 279-71-11327 Yes 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CARCINOMA, RIGHT KIDNEY, WITH METASTASES IMMEDIATE CAUSE (o) DUKNO Conditions, if any, which RIGHT LUNG gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. 21. I certify that (1) (this haspital) attended the deceased from. Aug. 29 saw the deceased alive an NOV. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR -M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NORMAN P. JONES, M.D. VAH. Fort Howard, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-12-60 Lanes M.E. Cemeterv Burial

High St. Cambridge Maryland

DATENOV 1 5 '60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester County e. IS RESIDENCE ON A FARM? YES NO TO Month Year 10 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? Address VAH Balto . Md. INTERVAL BETWEEN ONSET AND DEATH Unknown PERFORMED? YES NO (County) (State) 1960, to Nov. 10, 1960, that 05 (we) last 22b. DATE SIGNED 23d. LOCATION (City, town, or county) Dorchester County, Maryland 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12316 CERTIFICATE OF DEATH

Page 4

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90	¥ 50	4	1.1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Po .	P		2	D. COUNTY MARYLAND	o. STATE MA b. COUNTY 12-212 CIA
2				Baltimore County MARYLAND	17a. 132/20. 4.19
to.	VE)	t	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P .	्रेष		M	Mt. Wilson, Maryland /5 day	Baltimore 3101-4
Fee	hay			d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
0	A Char	1	1//4	OR INSTITUTION William State Magnital	2422 W. Be7timore St. VES NO IN
	٥٥٥	-3	LIE	. Wilson State Hospital	2722 W. BEILIMORE DE. YES NO
	- 0	0	3. 1	NAME OF First Middle DECEASED First	Last 4. DATE Month Day Yeor
24	± % =			(Type or print) Edward DEAN K	eilholt > DEATH // \$ 1960
hin .	deo de		S. S		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
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too .	O OF			VESS / PI/NO/TZ	Marv C. Lyons Address
-	t, t	1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT Address
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£ :	din y e	300	-		
dec	a ple	91	10	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	D 7 INTERVAL BETWEEN ONSET AND DEATH
e	a			PART I. DEATH WAS CAUSED BY: HAVAILE C	Polmonary Tuberculosis ONSET AND DEATH
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on.	sit Sr			lying couse lost. (c)	
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A co	9. ± 4.			(IF ETIMER, NOTIFY MEDICAL EXAMINER)	
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日中	e e o		7	220 SIGNATURE	22b. DATE
A	L P L			1/Mincomes M.	ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS. SIGNE
ed De				22c. PHYSICIAN'S	22d. ADDRESS
di.	og r			NAME (Type)	
0	Sho Sho			Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, M
SP	page 3 st the State		23a	BURIAL, CREMATION, 286 DATE THEREOFT 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Store)
H &	FUNE	0	1	REMOVAL (Specify) Day 9/60 6 11 els	11 12 191 An 24 Miel
	o g t	4	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-		14	24.	ADDRESS	Out and and
ISM S	9/59	W	11	Cipy 1.10. 4101 Carnona sou	Clar DATE NOV 9 '60 Chilms S. Thanks

Mes. i . Assign at a selection of The second of th tell one continued. A subject to the subject to the subject to the

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 in after death. Page 4 may be recoined by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 77 hours ofter death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 8	Fred	6		0 /

1. PLACE OF DEATH o. COUNTY	3			2. USUAL RESIDEN	CE (Where decease			before ad	Imission)
6. COUNTY	Baltimore		MARYLAND	o. STATE Mar	yland	b. COUNT	Y		1
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, corest town)	write	c. LENGTH OF STAY IN 1b	c. CITY OR TOW	'N (If outside corp	porote limits, write	RURAL ond gi	ve nearest	town)
Fort Ho			d 3 Days	A CONTRACTOR OF THE PARTY OF TH	timore		SACI		
d. NAME OF HOSPIT	AL (If not in hospital, give	street oc	idress)	d. STREET ADDR	RESS			e. IS	RESIDENCE
Veterans	Administrat	ion	Hospital	2216 Ca	mbridge	Street		YE	s NO NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mo	onth	Day	Year
(Type or print)	WILL	MA	R.	KOSERSKE	DEAT	H NOVEM	BER I	L	19 60
S. SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	E PAR Y	9 AGE (In years lost birthdoy)	-		INDER 24 HRS.
Male	White w	VIDOWED	DIVORCED	9/27/95		65 yrs	11101111110	Days Ho	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dorking life, even if retired)	ne 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Stote or foreign	country)	12. CITIZ	EN OF WH	ATCOUNTRY?
Pipe Fitter	-	St	andard Oil Co	. Baltim	ore, Mar	wland	II.S	S.A.	
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	J			
Ka	rl Koserske			Angue	ta Raisr	1022			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17. 1	FORMANT	UR TREATS		dress	- 11	
Yes, no, or unknown)	(If yes, give wor or dates of servi	21	5-05-8751 611	n.Rec.VAH,	Ralto N	d Fort	Howard	Disci	cion
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	TH WAS CAUSED BY:							ONSET A	AND DEATH
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PART II. OTH	S UNDERLYING 20	b. DESCE	RIBE HOW INJURY OCCURRE	D. (Enter noture of in	ury in Port 1 or P	ort II of item 18.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Year	20d. INJ	,	ACE OF INJURY (Hom		ity or town)	(Co	ounty)	(Stote)
Hour o.m.	19	While of work	INDI WITTE	ctory, street, office blo	ig., erc.)				
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			19_60, and that a		- 1.(\ 138/				
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120. SIGNATURE	arthur T.	faul	ek, mp.	M.D. PHYS.	MED.	STAFF PHYS.		11/	1/60 SIGNED
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS					
NAME (Type)	Arthur T. F	aulk	M.D.	VAH BAL	TO.MD. E	ORT_HOWA	RD_DIVI	SION	
230. BURIAL, CREMATIC			23c. NAME OF CEMETERY C			ATION (City, town			(Stote)
REMOVAL (Specify) Burial	11-4-1960		Baltimore N	ational	F	Baltimore	. Maryl	and	
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		. REC'D BY REG	STRAR 256 REC	SISTRAR'S SIG	NATURE	- 457
Lilly Zeil	ler.Eastern	Ave.	& Wolfe St. Ba	to Md.	TE NOV 2	'60	: Thun S.	Thousa	

CATEGORIA SON DANSE DE PROPERTO DE LE PROCESO. 12865 ACADEDATE CAREEDATE OF DEATH And Area from I successful to the property and the property of The sale of the sa

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission director. Page or your files. e. COUNTY necessary, . STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) o or sol write RURAL end give neerest town) Fort Howard Baltimore Davs · S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE yuld be executed within 24 hours after death. If a many in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bound I and in any event within 72 hours after death. ON A FARM? Veterans Administration Hospital 1674 Burnwood Road YES NO NAME OF DATE Yeer DECEASED OF (Type or print) DEATH HUGH EDWARD 19 November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Days Male WIDOWED [DIVORCED White 1890 June 20 70 YES. 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police Officer City Police Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A. 13. FATHER'S NAME Edward Law Bridget Walsh WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or detes of service) CLINICAL RECORDS, VAH, Baltimore 18, Maryland Office along with burial-transit permi This certificate should be executed FORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one cause per line for (e)..(b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal. (b) "pending" geve rise to immediate cause Examiner's 10 DUE TO (a), steting the underlying SE 20 cause lest. pesn cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20e. EXTERNAL CAUSE WAS OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) DESCRIBE HOW INJURY PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: Fell in bedroom of Home CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) Not While BelAire Nursing Home Balto. Md. n.m 21. I certify that Look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident 1 Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER' NAME (Type Address (Street, city, town, or county) 22e, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Maryland Q40 Ö Moreland Memorial Cemetery Baltimore Burial 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME NOV 1 8 '60 arthur S. Krans 5M 7/59 5305 Harford Rd. Balto. 14 DATE Leonard J. Ruck

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	PLACE OF DEATH				2		ENCE (Whe	ere deceased	lived. If instituti		before admi	ssion)
BALTIMORE MARYLAND						o. STATE b. COUNTY						
	b. CITY OR TOWN (I	If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If ou	itside corpora	ote limits, write R	URAL ond giv	re nearest to	vn)
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	MATE	WHITE	WIDOW		C 180	PRTI 30	. 190	_	lost birthdoy)	Months D	loys Hour	Min.
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13.	SALESMAN FATHER'S NAME		1.0	DIVINITION OF		14. MOTHER'S /					U.D. H.	
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	is, no, or unknown)	[If yes, give war or dates of se	rvice)					TMO = 0				
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	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED.	(Enter noture of	injury in P	ort I or Port	II of item 1B.)			
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER)										
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	NAME (Type)	L. B. SMIT	Н		M.D.	VAH BA	LTO 1	8 MD -	FT HOW	ARD DI	VISION	
23	o. BURIAL, CREMATIC	ON, 236. DATE THEREC	F	23c. NAME OF CEM	ETERY OR	REMATORY		23d. LOCATI	ON (City, town,	or county)	(SI	ote)
	BURTAL (Specify		50	NEW CATHE	EDRAL	CEMETER			IMORE,	MARYL		
24	FUNERAL DIRECTOR	'S SIGNATURE	805 1	N. CREVERT	STREE	1.4		BY REGISTR		ISTRAR'S SIGI	NATURE	
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in by the funeral director, and 2 should be filed with after death, Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

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1	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
	12321	CERTIFICATE OF DEATH	R

12289

TH Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND BALTIMORE h. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) , BALTIMORE 7. 3MonTHS. WOODLAWN d. NAME OF HOSPITAL (If not in hospital, give street oddress) aid. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME 1456 CLATRIDGE CLAIRIDGE ROAD YES T NO F 3. NAME OF First Middle 4. DATE Month Year DECEASED LEE 19 60 NOV. C. (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days FEMALE WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. HOME TIMORE HOUSEWIF'E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY E. TIGHE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CLAIRIDGE ROAD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO GREINEMA BYEUSTS (BICATERA) Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO PA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (Stole) foctory, street, office bldg., etc.) o. m. While Not while of work ol work 1946 that I last saw the deceased 21. I certify that Lattended the deceased fram. and that death accurred at 12:10 MP, from the causes and an the date stated obave. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 7 '60

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2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

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b. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12322 CERTIFICATE OF DEATH

MARYLAND

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, as 3 should be detached for uses as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with	e state board at neglin prior ta burrat, crematian, at remayal, and in any event within 72 haurs after death.

1. PLACE OF DEATH a. COUNTY

Baltimore

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4

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the funeral				sville		5yr3mthl2d	lys	Ba.	ltimor	e e	31/	01-	4	
should	1/2		d. NAME OF HOSPITA	AL (If nat in haspital, gi	ve street	address)		d. STREET A	ADDRESS				e. IS RES	SIDENCE
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and		=			-			2020.	DI GILO		G		153	1 NO K
P			NAME OF DECEASED	First		Middle		Las	st	4. DATE OF	Mor		Day	Year
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tending please re any eve			18. CAUSE OF DEAT	TH [Enter only one cau	se per li	ne for (a), (b), and (c).	1						NTERVAL BE	
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ertific as th urial,		AL	20c. TIME OF INJURY		204 1	NJURY OCCURRED	20a PLAC	E OF INJURY (Home form	T206 (C:h.				16
is ce		MEDICAL	Hour a.m.		While	Not while	focto	ry, street, office	e bldg., etc.	20f. (City	or town)	(Coun	ty}	(State)
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After t ed far priar			21. I certify that	(I) (this haspital)	attend	led the deceased	fram_1	lov. 26	19.	56_ta_	Nov. 19	1960_	that (I) (we) last
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5 0 =	B	24.	FUNERAL DIRECTOR'S	SIGNATURE / C	-	ADDRESS P			25a. REC'D	BY REGISTR		TRAR'S SIGNA	TURE	
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o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ostate Maryland b. COUNTY MARYLANDE							
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, wr nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	ard, Maryland	86 Days	X Baltimore (6)							
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Administratio	n Hospital	1 4203 Valley View Road YES □ NO XXX							
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month Day Year							
(Type or print)	MALLITW	J.	MAHONEY DEATH November 25 1960							
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
Male	White WID	OWED DIVORCED	March 28, 1888 lost birthdoy) Manths Days Hours Min.							
10a. USUAL OCCUPAT	ION (Give kind af wark done	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Salesman	orking life, even if retired)	Department Sto	ore Baltimore, Maryland U. S. A.							
13. FATHER'S NAME		Department but	14. MOTHER'S MAIDEN NAME							
**** 7.7.1 7	D. Mahaman		Matilda Cook							
	D. Mahoney /ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT Clinical Records Address							
(Yes, no, or unknown)	(If yes, give war or dates of service)		VAH, Baltimore 18, Md. FORT HOWARD DIVISION							
Yes	WW I & II									
	EATH [Enter only one couse p		INTERVAL BETWEEN ONSET AND DEATH							
TAKI I. DE	PART I. DEATH WAS CAUSED BY: EPIDERMOID CARCINOMA OF LEFT ANTRUM, FAR ADVANCED 3 YEARS									
gove rise to couse (a), stating lying cause last	Conditions, it any, which gove rise to immediate couse (a), stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?									
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20a. ACCIDENT WOR CONTRIBUTIN	Operation: 10/25/57 -Caldwell-Luc Operation, left antrum- Carcinoma, left/ YES NO E 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)									
20c. TIME OF INJU	. W	Od. INJURY OCCURRED 20e. Pl hile Not while fo	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)							
21. I certify th	at 20 (this hospital) at	tended the deceased fram	August 31 1960 to November 251960 that (1) (we) las							
saw the deced			deoth occurred atM, from the causes ond on the date stoted above							
220 SIGNATURE	-100		22h DATE							
Vreder	ude . ()	malden	M.D. ATTENDING MED. STAFF PHYS. \(\times\) 11/25/							
22c. PHYSICIAN'S NAME (Type) FREDERI	CK S. DONALDSO	ON, M.D.	VAH, BALTIMORE 18, MD. FORT HOWARD DIVISI							
230. BURIAL, CREMATI REMOVAL (Specif BULL)		23c. NAME OF CEMETERY C	or CREMATORY 23d. LOCATION (City, town, or county) (Signal Cemetery Baltimore Maryla							
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Toonand	T Rucks Sone	,5305 Harford Rd	1. Balto. DATENOV 3 0'60							
Leonard	1 VIICKW DOILS	,), o Harrora no	14, Md.							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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E E	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DEC	EASED
the state of the s	county Baltimore	MARYLAND	STATE Maryland COUNTY	Delta
	CITY (If outside corporata limits, write RURAL	LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and	Balto.
2 5	OR and give naarast town) TOWN Sparks	(in this place)	OR TOWN	
director,	HOSPITAL OR	Life	Sparks (If rurel give	location)
	INSTITUTION OR Tanyard	Road	ADDRESS	ocanony
funeral d	DAYLER TEAS	当首的基本	Tanyard Road	
2.2	3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month	
by the	(Type or Print) Fannie	Cole ///7:	TThews DEATH N	OV. 23 1960
5 >	5. SEX 6. COLOR OR 7. SING	GLE, MARRIED, 8. DAT	7. 7.65 (2.17)	F UNDER 1 YEAR IF UNDER 24 HRS.
		Widowed 1	- 27 - 1877 83 yrs.	Months Deys Hours Min.
2.5	10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
i = =	done during most of working life, even if refired) Housewife	OR INDUSTRY	Managara 2	COUNTRY?
- F	13. FATHER'S NAME	Home	Maryland 1 14. MOTHER'S MAIDEN NAME	U.S.A.
ans su	Frederick Cole 15. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	Eleanor Gorsuch	
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and completely filled a burial (ransit permit.	I DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
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er de s	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)			
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de de	DISEASE OR CONDITION CAUSING DEATH.			
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e d b	21- ACCIDENT WAS TINDERLYING [] 1 216 BI	ACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town)	YES NO
ed ed	21a. ACCIDENT WAS UNDERLYING 21b. PI OR CONTRIBUTING CAUSE OF DEATH OF INJU	JRY straet, office bldg., etc.)	21c. WHERE DID INJOK! OCCOR! (City of fown)	(County) (State)
× seul	21d. TIME OF INJURY (Month) (Dey) (Yeer) (H	lour) 21e. INJURY OCCURRED	1 21f. HOW DID INJURY OCCUR?	
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be a			1956 , to hov 23 , 1960	
has	signature	, and that death occurred	at	
ortifo o	SIGNATURE 7		ADDRESS (Street, City, town,	11/ -//
icate his certificate his certificate his	23. BURIAL, CREMATION, I DATE THEREO	M. D. NAME OF CEMETERY	OR CREWATORY PULL	11/2-160
certificate death certif	REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY LOCATION (City, town,	or county) (Stele)
		25-60 Immanuel	Epis Glencoe	Maryland
4 s	24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS TOWSON
Ko	DATE NOV 2 9 60 Canhar is	Prince and the second	Brooks Funeral SerVice	York Rd 4

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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16060		THE OF DEATH	Reg. Dist. 1	No.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased in a STATE Mary land	1	Arundel
b. CITY OR TOWN (If outside corporate limits RURAL and give nagrest town) Catton Sville	c. LENGTH OF STAY IN 16 18yr3mth27dy:	Eastport, Mary		nearest fown)
d. NAME OF HOSPITAL (If not in hospital, given or institution SPRING GROVE STATE	ve street oddress) HOSPITAL	d. STREET ADDRESS 518 First Str	eet	e. IS RESIDENCE ON A FARM? YES NO
	erick A.	Matzen 4. DATE OF DEATH	Month November 1	Day Year 8 19 60
male white	WIDOWED DIVORCED	June 20, 1882	last bighday) Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Carpenter	one 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cour Maryland		S. A.
13. FATHER'S NAME	- Dinipyara	14. MOTHER'S MAIDEN NAME	0.	D,
Henry Matzen		Catherine Gi	les	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) UNKNOWN	rvice)	NFORMANT acords: SPRING GRO	Address	PITAL
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. Conditions, if ony, which (b). (b). DUE TO DUE TO (c).		c cardiovascular discovant control of the terminal disease of the terminal dis		n) 19. WAS AUTOPSY
S Cardia	ac failure and pul	nomary edema D. (Enter nature of injury in Port I or Port II		PERFORMED? YES NO IN
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY IHome, form, 20f. (City or tory, street, office bldg., etc.)		ty) (State)
21. I certify that I attended the alive on Nov. 18 ACTUAL SIGNATURE	1.	accurred at 358 . M, fram t	TATE HOSPITAL	
22g. BURIAL, CREMATION, 22b. DATE THEREOF			Burnie	(State) md-
23. FUNERAL DIRECTOR'S SIGNATURE SINGLETON, FYNERAL HOME.	ADDRESS CLER BURNIE - MICH	24g. REC'D BY REGISTRAL DATE NOV 2 3 '60	R 246. REGISTRAR'S SIGNAL	

TO HOST ILLOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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VS A1S (4) 1SM 9/S5

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			TAX TO STORY	

FOR STATE HEALTH DEP TO DEPATY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.		PLACE OF DEATH	2. USUJ	L RESIDEN	CE (Where dec	eased lived, If	institution: Re	esidence	before ed	mission)
A	1	a. COUNTY BALTIMORE MARYLANE	a. STA	TE MAF	YLAND	b. COU	Service and d	ima	200	
VI.)	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1		OR TOWN	If outside corpor	ete limits, writ	Balt RURAL end			-
_		write RURAL and give nearest town		No.	11 1 11 11 11 11 11 11 11 11 11 11 11 1	· ¬ ¬				
0 =	-	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street address)	d. STR	EET ADDRESS	ngs Mi	-113		- 1	e. IS RESI	IDENCE
-		Shephard Pratt Hospital							ON A	
		NAME OF First Middle DECEASED		est	4. DATE	Montl	1	Dey	Year	
	-	(Type or print) PATRICIA P.	M	AY	DEATH	Nove	nber	16	1960)
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF	BIRTH	19.	AGE (In years	-	-	IF UNDER 2	4 HRS.
		Female White WIDOWED DIVORCED	8/1/1	925		35 yrs.	Months D	eys	Hours	Min.
	100	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRT	HPLACE (State	or foreign coun	Iry)	12. CITIZ	ZEN OF	WHAT CO	UNTRY?
	do	None	Ma	ssachi	setts		U.	S.A		
	13.	FATHER'S NAME	1	ER'S MAIDEN				0 02.		
I)	Joseph Prescott	Do	nother	A. All	tean				
•			. INFORMA	- V	11 . 21 L 3	Address				_
	(Ye	os, no, or unkown) (Ifyesgive weror dates of service)			ay, Jr.		bove			
	_	NO Unknown [18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	01 001 0	FL . I'le	ty, or	- Ah	00 10	LINITE	RVAL BETW	(FC).
		PART I. DEATH WAS CAUSED BY: Asphyxia							ET AND DE	
		IMMEDIATE CAUSE (a)								
		774X DUE TO								
		Conditions, if env, which gave rise to immediate cause						-		
		(a), stelling the underlying DUE TO								
		cause lest. (c)								
	O N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED 1	O THE TERMI	NAL DISEASE CO	ONDITION GIV	'EN IN PART	1(0) 19.	PERFORA	
0	3							YE	S NO	0
0	CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING), (Enter neture o	of injury In Per	t I or Part II of it	em 18.)				
		CAUSE OF DEATH. Apparently hanged	self i	n bath:	room					
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20e.	PLACE OF INJUI			or town)	(Count	ly)	(St	tate)
	MED	Hour a.m. P.m. 11/1619 60 at work at work to	Hosp		'		Baltin	nore	M	id.
		21. I certify that I look charge of the remains described above,			Inspection 5	c Inquir	у П,	and in	n my opi	nion
		death resulted from: Natural causes , Accident , Su	uicide X	Homicide	, Unde	etermined m				
1		160/ -	CH	IEF MEDICAL	EXAMINER [
4		ACTUAL WOLLD	AS		ICAL EXAMINER	7		D.A	TE SIGN	ED
		SIGNATURE	M.D.		L EXAMINER					
		EXAMINER'S W. Bradley King, Jr.	, M.D.	drass (Streat,	city, town, or co	uniy)		11	/16/6	0
	220	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATOR	Y	22d. LOCATIO	ON (City, town	, or country)		(State)	1
1		tombment 11/19/1960 Homewood			Pittsh	urgh.	Pa.			
1	23.	FUNERAL DIRECTOR ADDRESS 1905 York R	Road	24a. REC	'D BY REGISTRA	R 246. REG	ISTRAR'S SIG	SNATUR	E	
1	H.	W. Jenkins & Sons Co. Baltimore 1	2, Md.	DATENC	V 2 2 '60	a	Thung & 1	Kraus		5.74
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Let be sale you by brand good CONTROL OF DAV DE TENERYOU SE atelor BANKATER . IN LINE WAS THE "Monated in Man be bested with betaroom" Selvinore:

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TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in softer death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/S9

12324 Item	2 FilmG275 11-	22-60 et		W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. b.	COUNTY	e before admission)
p. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		C1	ive pagreet town)
RURAL and give nearest town) Towson	C. LENGTH OF STAT IN 18	Thyt soul	Baltimore		3101-
I. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		ratoga St	e. IS RESIDENCE ON A FARM?
Presbyterian Hon	me	1 Proppyty	ran/4979	a coga be	YES NO
NAME OF First DECEASED Type or print) Laura K. Mc.	Middle Daniel	Last	4. DATE OF DEATH	Month November	Day Year 1, 1960
EX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	41 1 1	YEAR IF UNDER 24 HR
Female White WIDOW	VED DIVORCED	November 7,1			Days Haurs Min.
USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZ	ZEN OF WHAT COUNTRY
Millener FATHER'S NAME		Frederick	Maryland		
John Milton McDaniel					
WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	Francis I	D. EIKIIIS	Address	
s, no, or unknown) (If yes, give war or dates of service)		E. Elliott	Presbyte		
I		B. BIIIOCC	Trespyce	Tam HOME	Language Devices of
IB. CAUSE OF DEATH [Enter only one couse per I	ine far (a), (b), and (c).				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C	erebral Thrombo	sis			10 days
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> (c)	ypertensive art	terioscleroti	c vascular	disease	years
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE COND	TION GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	m 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. While p. m. 19 at wa	e Nal while fac	ACE OF INJURY (Hame, farr ctary, street, affice bldg., etc) (C	County) (Stot
21. I certify that (1) (Machinal) attensaw the deceased alive an Octobe	r 26 19 60, and that a	January 19 death occurred at 12	AM, from the co	uses and an the	that (I) (as la
22a. SIGNATURE Alland	eh M.D.	M.D. ATTENDING M.PHYS.	AED. STAF		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Dr. S.J. Vena		22d. ADDRESS 7215 You	rk Road	Ŋ	November 1,
Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Nov. 3.1960	23c. NAME OF CEMETERY O		23d. LOCATION (Ci	ty, town, or county) ore. Marvl	(Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S SIC	
ohn O. Mitchell & Sons,	Inc. 1900 Eutav		NON 3 , 60		S. Kraue

Library to brack to the control of t Andrew (All the second of the second o Internation 1, LAZERIAN N. ETEST FURTHER PLANE a distribution Patiento portili anale Last markety and trailed. The result of arteriorgianotic vancount disease or insert in materials of the first transfer of the second of the secon the state of the second of the Set & Toric read of the November & Lee And the state of t

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12328

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Raltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALTO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R1172 2 Terms on	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO 12,
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Eudowood Sanatorium Tows on L. Maryland	d. STREET ADDRESS 107. Dunkink Rd. e. IS RESIDENCE ON A FARM? YES NO []
	3. NAME OF DECEASED (Type or print) ANNA H. M(FEELY 4. DATE Month Pay Year OF DEATH 11 4 1966
	WIDOWED DIVORCED	B. DATE OF BIRTH 1 - 8 - 1898 9. AGE (In years lost birthday) S 62 yrs. F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NRSE	Butreville VS Mary Cent US
	WILLIAM MC FEELY	TRANCIS HORPER
		NFORMAN Personal History Address Address Address Address Address
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULNONAR	Y TUBERCULOSIS, INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which agove rise to immediate (b)	ADVANCED YYO
	couse (o), stoting the under-lying couse fost. (c)	
Á	3 ARTERIOSCLEROTIZ HEART	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (6) 19. WAS AUTOPSY PERFORMED? YES NO NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While Not while of work of the p. m. 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 8-25 alive on 1-3, 19 00, and that death	accurred at 105a M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNET
	ACTUAL SIGNATURE SHULKIN 15. KIES	Eudowood Sanatorium
	PHYSICIAN'S Milton B. Kress, M.D.	Towson h, Maryland
-	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Survey 215-1960 Chesterfield	R CREMATORY 22d, LOCATION (City, town, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS CONTROLL	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be relained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely figage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Page the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOS VS A15 (4) 15M 10/57

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 yours after death: Page 4

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		MARYI 12204	AND.	STAT					IEALTH DEATH		TIMORE,		ist. No	122	ליף
1.	PLACE OF DEATH o. COUNTY	Baltimore			MAR	YLAND	2. US	SUAL RESI		ere decesse	d lived. If institu b. COUN		ence befo	re admis	
	b. CITY OR TOWN RURAL ond give Dunds		ls, write	c. LENG	yrs.	Y IN 1b	5.	CITY OR	Town (If a		orote limits, write	RURAL one	give ne	arest fow	n)
	d. NAME OF HOS OR INSTITUTION Res 2	PITAL (If not in hospitol, g		oddress)			11 /	STREET /		nurry	Road				FARM?
3.	NAME OF DECEASED (Type or print)	W11	liam		Middl		1e]	.yma		4. DATE OF DEATH		embe:	r]	3,	Yeor 19 60
5.	sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	0.46.40	DIVORC		B. DAT	F OF BIRT	н 188:	L	9. AGE (In year lost birthdoy	Months		Hours	ER 24 HRS. Min.
	o. USUAL OCCUPA during most of w Ret. Fr	TION (Give kind of wark or kind life, even if retired 100 pt e			Stee								J.S.		COUNTRY
13	. FATHER'S NAME W1	lliam Mc L	yman	146			14. /		es Bi						
15 (Y	. WAS DECEASEDE	VER IN U. S. ARMED FOR OTHER STATES OF S	arment		SECURITY NO	_			izabe	th M	le Lyma:	idress n 291	14 D	unm	urry
		DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	60	(b), and (c	in	al	ne	2 07	The	prost	tate		ERVAL BI SET AND	
	Gonditions, if gove rise to couse (a), statis lying couse lo	immediate DUE TO						0	<i>V</i>						
CERTIFICATION	PART II. (OTHER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBL	JTING TO D	EATH BUT	T NOT R	ELATED TO	O THE TERMI	NAL DISEAS	SE CONDITION (SIVEN IN PA	RT 1(0)	PERFO	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJ Hour o. r	n. 10	20d. IN While of work	_ No	CCURRED t while work				(Home, farm e bldg., etc		y or town)		(County)		(State)
	21. I certify alive on	that I attended the	decease _, 19_6	0		2 it death	n occu	rred at	-121	_M, fro	m the causes irrest, city or tow	and on		ite stat	

22c. NAME OF CEMETERY OR CREMATORY

Memorial

Meadowridge

ADDRESS

DUDA 7922 Wise Ave. 22. Md.

22d. LOCATION (City, town, or county)

Blvd.

24b. REGISTRAR'S SIGNATURE

Ciriling S. Frank

Washington

240. REC'D BY REGISTRAR
DATE NOV 1 5 '60

Rd

(Stote)

Maryland

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOS VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, BREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

11-16-1960

the attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with

rrs after death. Page 4

LOR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 2

or attending physician.

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	Es on rection	

MARYIAND STATE DEPARTMENT OF

12220 CERTIFICATE OF DEATH 12298

	エをいたけ	CERTIFICA	ALE OF DEATH		Reg. Dist. No.
a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	- h COUNTY	an: Residence befare admission) Baltimore
RURAL and give	(If autside carporate limits, wrinearest tawn) odlawn	te c. LENGTH OF STAY IN 16	COCITY OR TOWN (If autside Woodlaw		URAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	1TAL (If not in hospital, give str 6607 Windso		d. STREET ADDRESS 6607 Winds	or Mill Road	e. IS RESIDENCE ON A FARM? YES \(\) NO (2)
3. NAME OF DECEASED (Type or print)	First GRACE	Middle VIRGINLA		DATE Mont	/
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 30, 1911	9. AGE (In years last birthday) 49 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPAT during mast of wa Saleslady	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU Dept. Stores	Baltimore,		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Rober	t P. Morgan		Margaret F		
	YER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Charles A. Mea	Addr	
Canditions, if gove rise to cause (a), stating lying couse last	the under-	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	LDISEASE CONDITION GIV	'EN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES \(\text{NO} \) \(\text{NO} \)
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Doy, Year 20 W			I or Port II af item 18.) 20f. (City ar tawn)	(Caunty) (State
	what I attended the dec	eased fram 10/1/62	M.D. ADI		4/5/60
22a. BURIAL, CREMATI REMOVAL (Specifi Burial	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		d. LOCATION (City, tawn, a	or county) (State) Maryland
23 CHNRAL DIRECTO		00 Liberty Haht	- 17	OREGISTRAR 60 24b. REGIS	STRAR'S SIGNATURE Cirthur & House

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, poge 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registror prior ta burial, crematian, or remaval, and in any event within 72 haurs after death. ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

TO HOSP VS A15 (4) 15M 9/58

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a Padmayo	HARM	Alleowy		
	are or year		White and	
	Saltimore, Maryla	Dint. Stores		bala-ist
	Alargeret Forguste		t P. Porgan	ranga.
The say Mill West	TORR A Meau-6807	210-10-1745 Ga		

requires that the death certificate be

	e has been signed by the attending physician and campletely filled in by the funeral director,	buriol-transit permit. Then pleose remove carban popers. Pages 1 and 2 should be filed with	(
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY h. COUNTY MARYLAND b. CITY OR TOWN (If outside careorate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest Jown d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 10 60 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last-birthday) Months Days WIDOWED D DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tono +reseive 13. FATHER'S NAME 14 MOTHER'S MAIDER NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (g).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mouth DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while While at work at work 21. I certify that I attended the deceased from LeCthat I last saw the deceased and that death occurred at 7'07PM, from the couses and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Itimore, -60 HOLL ouria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Hartord Rd.

VS A15 (4) 15M 10/57

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Prifficate should be executed within 24 hours after death. It describes the strain of the funeral director. Page "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Examiner's Office along with form PM3. Page 5 may be retained for your files. It is used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and a burial-transit permit. The pages 1 and 2 with the State Board of Health. a. COUNTY a. STATEMaryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Cockeysville Towson d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 117 East Susquehanna Avenue Beaverdam Lodge YES NO A NAME OF Middle DATE DECEASED OF (Type or print) DEATH GI.ENN COLLTER 19 MELEHE November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR UNDER 24 HRS. lest birthdey) Male July 28. 1943 White WIDOWED T DIVORCED [IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Towsen High School USA Student Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry W. Miche Lillian Collier WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or detes of service) EXAMINER: This certificate should be executed Family Records 1B. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia due to submersion while wearing skin IMMEDIATE CAUSE (a) diving equipment due to mediastinal and interstitial DUE TO emphysema due to rapid decompression. Conditions, if any, which (b) gave rise to immediate cause Medical Examiner's should be used as a DUE TO (a), stating the undarlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 30 NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Rapid ascend while wearing skin diving apparatus WEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, straat, office bldg., atc.) While prior to Balto. Md. Beaver dam Cockevsville at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | xd. Inspection Inquiry and in my opinion MEDICAL Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 11/14/60 Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) DE REMOVAL (Specify) 4 D Burial Woodlawn Cemetery Woodlawn 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1	1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLA						USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) STATE MARYTAND B. COUNTY								ion)	
I	b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	ts, write	c. LENGTH O	F STAY IN 16	c.	CITY OR TOWI	N (If ou	tside corpo	rote limits, w	rite RU	RAL ond	give nec	arest town)	
	FORT HOWARD 32 DAYS				YS	E	BALTIMORE 3 V 0 1 -									
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION						d. STREET ADDRESS e. IS RESIDENCE ON A FARM?									
)		VETERANS ADMINISTRATION HOSPITAL						1109 BATTERY AVENUE YES NOXX								
	3. NAME OF DECEASED	Middle		Lost 4. DATE OF				Month Do				Day Year				
	(Type or print)										960					
ı	5. SEX	8. DATE	E OF BIRTH			9. AGE (In y		Months	Days	IF UNDE						
1	MALE WHITE WIDOWED DIVORCE						H 2, 19	925		35	yrs.	MOHITIS	Days	Hours	Min.	
1	10o. USUAL OCCUPATION during most of working	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSIN	NESS OR INDI	USTRY 11	I. BIRTHPLACE	(Stote o	r foreign co	ountry)		12.CIT	IZENOF	WHATC	OUNTRY?	
	Frucker's He		-	urnitur	е		M	ICHI	GAN			J	J.S.	A.		
	13. FATHER'S NAME					14. /	MOTHER'S MAI	DEN NA	ME							
		LER					MILDREI	DVE	MINIDES	3						
	1S. WAS DECEASED EVER (Yes. no. or unknown) 1 (II	IN U. S. ARMED FOR		SOCIAL SECURI	TY NO. 17.	INFORMA	ANT				Addre	\$\$				
	YES K	CREAN	50	52-22-8	397 CI	JIN R	EC VAH	BAL	TIMOR	E MD-F	TH	OWAE	D D	TVISI	ON	
		H [Enter only one co	use per lin	ne for (o), (b), o	nd (c).]	9411			TO THE				INTI	ERVAL BE	TWEEN	
1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) RECURRENT TUMOR INVOLVING BRAIN ONSET AND DEATH Since 1954															
1	237	237X DUE TO														
1		Conditions, if ony, which) (b)														
1		gove rise to immediate DUE TO														
1	lying couse lost. (c)															
1	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BU	IT NOT R	ELATED TO THE	TERMIN	IAL DISEASI	E CONDITION	GIVE	N IN PAR	RT 1(o) 1	9. WAS A	UTOPSY RMED?	
1	<u> </u>														NO	
	OR CONTRIBUTING !															
1	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes		NJURY OCCURR	2		INJURY (Home		20f. (City	or town)		(County)		(Stote)	
	Hour o.m.	19	While of world	Not while		ocioly, sil	reer, office bidg	g., etc.)								
	21. I certify that	(M (this haspital) attend	led the dece	ased fram	Octo	her 5.	19	60 to N	ovembe	r 6	196	O th	at XII) (s	ve) last	
1	21. I certify that saw the decease	d alive an Nove	mber	6 19 60	and that	death	accurred at	8:1	fram	the cause	and	an th	e date	stated	above.	
1	22o. SIGNATURE										3110	GII 111	0 0010		DATE	
1		17 17	n.	1	-	M.D. P	HYS.	MED	ECTOR	STAFF PHYS.				11-6-	SIGNED	
1	22c. PHYSICIAN'S NAME (Type	1	10		1	2	2d. ADDRESS					14				
		rnest O. E	rown		M.D.		VAH BAJ	LTIM	ORE 1	8 MD -	FI	HOW	TARD	DIV	SION	
1	230. BURIAL, CREMATION	I, 23b. DATE THEREO	F	23c. NAME O	F CEMETERY	OR CREM	ATORY	2	23d. LOCAT	ION (City, to	wn, ar	county)		(Stote	:)	
	REMOVAL (Specify) BURTAL	11-9-60)	BALTI	MORE NA	ATION	IAL		BAL	TIMORE			MARY	LANT		
1	24. FUNERAL DIRECTOR'S	6	009	Hariord	Road		25a.		BY REGIST			RAR'S SI				
1	Wm. Cook-BL	IGHT INC.	Paltin	more 14	Md		DAT	re N	0V 9	'60	a	rillur	8. 96	iallA		

may be remined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

TO HOSP VR A1S (4) 1SM 9/59 API ROW MATERIAL BATATE GRACINA MENTANTE PROPERTY OF THE PROPE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12302

Reg. Dist. No.

	E OF DEATH	Baltimore		MARY	LAND	o. STATE Mar		ased lived. If Ins b. COU		nce before	admission)	
	Y OR TOWN (If and give neorest town)	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY	IN 1b			rporate limits, w	ite RURAL and	give neare	st town)	
	Catons	ville		9vr6mth13	dvs	X Baltimore						
d. NA		The state of the s	tf not in hor	spital, give street address		d. STREET ADDRESS e. 15 RESIDENCE						
SPRI	NG GRO	VE STATE	HOSE	TTAL		4719 E	Benson A	venue			ON A FARM?	
3. NAM DECE. (Type	E OF ASED or print)	Rob	ert	Middle	Mi	lliken	4. DATE OP DEATH		onth /	Day 19	Year 19 60	
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		TYEAR IF L	UNDER 24 HRS.	
mal	.e	white	WIDOWE	DIVORCED	1	February	20, 189	9 61 y		Days Ho	urs Min.	
10a. USU	AL OCCUPATION	N (Give kind of work	done 10b. 1	KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITI	ZEN OF WH	HAT COUNTRY?	
n	achine	operation		fg. straw h		Maryl			II.	S. A		
13. FATH	ER'S NAME					14. MOTHER'S MAI						
	Cha rles	Milliken				Mar	y White					
15. WAS		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	011			
un	known			12-05-88669	#	Records:	SPRING	GROVE	STAIE	HOSP	TAL	
Con (o),	rditions, if an a rise to immediatoring the urse lost.	ote couse DUE TO	DITIONS CC	Complete Contributing to Death				SE CONDITION (YES [AS AUTOPSY REORMED?	
7 20c.	EXTERNAL CAUSARY FOR CON'SE OF DEATH. TIME OF INJURY HOUR O. m. 0:15872	Month, Day, Yes	ng bar of led while	throom on 8. ft femur. INJURY OCCURRED 20	-25-	60 at 10:	15 a.m.	apparen	(Cou	taini	ng frac.	
21.	I certify the	at I taak charge	of the r	remains described							nd find that	
ACT SIGI		George	causes [Accident .	Suic	M.D. CHIEF MEDIC		Indetermined			TE SIGNED	
220. BUR		Nov. /	F a	22c. NAME OF CEMETER	RY OR C			ATION (City, town	n, or county)	1-0	Stote) Mg	
7ho	MAS J. K.	SIGNATURE NNY INC.	16001	La lains &	&		REC'D BY REGIS		GISTRAR'S SIG			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12303

	CERTITICA	TIE OI DEATH					
1. PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYL	h COUNT	tian: Residence befare admission) Y			
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) FORT HOWARD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE					
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	Harris Say	e. IS RESIDENCE ON A FARM?			
VETERANS ADMINISTRATION H	OSPITAL	1500 PENT	WOOD ROAD	YES NO			
3. NAME OF First DECEASED (Type or print) JAMES	Middle	MOORE	4. DATE MCOOPER OF NOVER	nber 18 19 60			
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)				
MALE WHITE WIDOWE	D DIVORCED	DECEMBER 28.					
10a. USUAL OCCUPATION (Give kind af work dane during mast af warking life, even if retired) TRUCK DRIVER	KIND OF BUSINESS OR INDU		ar foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
JAMES MOORE		TSABELLA	PAPE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [(If yes, give wor or dates of service)]	SOCIAL SECURITY NO. 17.	NFORMANT	Ad	dress			
(11 / 21 / 21 / 21 / 21 / 21 / 21 / 21 /	6-03-5831 C	LTN REC VAH	BALTO 18 MD-FT	HOWARD DIVISION			
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO Co DUE TO Co DUE TO DUE TO	TONITIS FORATED GASTR			ONSET AND DEATH LI DAYS 5 DAYS			
E	AL ARTERTOSCI			PERFORMED?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR		Part I ar Part II of item 18.)				
ZOc. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at work	Nat while fe	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunty) (State			
21. I certify that (A) (this haspital) attend saw the deceased dive an November 22a. SIGNAURE 22c. PHYSICIAN'S NAME (Type) CARLTON I. HALI		death accurred at	M, fram the causes a	18. 19.60 that (K (we) last and an the date stated above 22b. DATE 11-19-60			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town,				
Removal 11-23-60		TIONAL CEMETE		VTRGTNTA			
24. FUNERAL DIRECTOR'S SIGNATURE 6009	Harford Road	25a. REC	D BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE			

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LIVERSTON GOODS PROPERTY	or insurance and ass	8 78 4 4 34	
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A MATERIAL OF A LANGE AND A LA	. William Market		Contract of
	AND THE REAL PROPERTY.	THE COMPANY OF	
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12334 CERTIFICATE OF DEATH director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY filed b. COUNTY Baltimore MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Lmthl2dys Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS SPRING (STATE HOSPI TAT. 1009 West Lombard Street Middle 4. DATE filled DECEASED OF DEATH (Type or print) Catherine Lavinia Moxley November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday)
82 yrs. 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months on papers. female white DIVORCED T March 19. 1878 WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and housework Marvland offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL Walter F. Moxley Unknown hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attending unlmown unknown Records: SPRIN G GROVE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac failure DUE TO Arterios clerotic cardiovas cular disease gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY has 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work Nov. 26, 19 60, 10 Nov. 28 19 60that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 4:10p.M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DIRECT ACTUAL prior SIGNATURE 3 shauld PHYSICIAN'S FUNERAL Stella Wachsler. M. D. Catonsville 28. Maryland NAME (Type 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF page REMOVAL (Specify) 0 23. FUNERAL BIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) William S. Thousa 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

28

HOSPITAL

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO IX

(Stote)

DATE SIGNED

11-28-60

(County)

ON A FARM?

YES NO

Year

19 60

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and the date of the Date	THE RESERVE OF THE RE		
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	DATE OF TAXABLE PARTY OF THE SECOND		

CERTIFICATE OF DEATH

12306

	THATA							Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY B	alto.		MARYLAND	II O STATE	SIDENCE (W	here deceased	lived. If institution b, COUNTY		nce befor		on)
b. CITY OR TOWN (I RURAL ond give no Lansdow		its, write	c. LENGTH OF STAY IN 1b		R TOWN (IF		ote limits, write R	URAL ond	give nec	rest town)
OR INSTITUTION	AL (If not in hospitol, slyde Ave.		oddress)		lyde	Ave.					IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Mart	st Cha	Middle E •	Murph	y y	4. DATE OF DEATH	No.		28,]	960	feor
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	D MEVER MARRIED DIVORCED	B. DATE OF BIF	00		9. AGE (In years lost birthdoy) 75 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS
100. USUAL OCCUPATION during most of work Housekeep	king life, even if retired	done 10b. (HOME		PLACE (Stote	e or foreign co	untry)	12.CI	IZEN O	WHATC	OUNTRY
13. FATHER'S NAME				14. MOTHER	S'S MAIDEN	NAME					
Char	les C. Tr	royer			Mary	E. Mi	les				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFORMANT			Add	ress			
			Ed	w. A.	Murph	1y 4 M	onmouth	Rd.			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	/	orebroad (chi)	tron	box	7				RVAL BE	
Conditions, if a	, ,	1	iteriosch	oti	C	VD				yn:)
couse (o), stoting lying couse lost.	the under-	c)									
PART II. OTH	HER SIGNIFICANT CON	NDITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1		RMED?
200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Port	II of item 1B.)	- 1			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN While of work	Not while fi	LACE OF INJURY octory, street, off			or town)		(County)		(Stote
21. I certify th	at I attended the	decease	ed from Sept	195	9_, to	Nove	2-8, 1960	that I I	ast sav	the d	ecease
alive an/	1 L. L.	19 6	on and that deat	7	of P		the causes an		e date		abave E SIGNE
PHYSICIAN'S NAME (Type)	erpert k	1. 1	evickas	Ba	Him	nore	-27	Mol.			
220. BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, Yown,	or county)		(Stote	e)
Burial (Specify)	12-1-60		Cathedral	Cem.		В	alto.	I	Md.		
22 FUNERAL DIRECTOR	C CICNIATURE		ADDRESS		04 050	ID BY BECIET	DAR DECL	TDAD'C C	ICHIATU	DE	

Farley-Cavanaugh F.H. Catonsville, Md

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician analogometry filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician analogometry filled in by the funeral director, TO FUNERAL DIRECTOR: rs after death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 poper. page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after d

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TO HOSP

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1. PLACE OF DEATH O. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Fort Howard, Md. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissor. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissor. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore 3. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissor. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore	
Fort Howard, Md. 8 Days Baltimore 3001-	HDENCE
Fort Howard, Md. 8 Days Baltimore >V01-	IDENCE
The particular and the second	DENCE
CALLETTINION	
	NO [3
NAME OF First Middle Lost 4. DATE Month Day	Yeor
OF DECEASED (Type or print) CHARIES MYERS OF DEATH November 2	19 60
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UND	7
Male Colored WIDOWED DIVORCED July 4, 1890 TO yrs. Months Days Hours	Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	OUNTRY
Iaborer Copper & Brass Virginia U. S. A.	
B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Clayton Myers Mary MN: Unknown	
	.7
Yes, no. or unknown) (If yes, give wor or dates of service) Clinical Records, VAH, Baltimore 10, Mar.	riand
Yes WW I D FORT HOWARD DIVISION 118 CAUSE OF DEATH (Fater only one course per line for (o), (b), and (c), 1	TWEEN
ONSET AND	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOPNEUMONTA 10 D	YS
TY / X XXXXX	
Conditions, if ony, which) OLD CEREBRAL INFARCT, RIGHT HEMISPHERE 8 YE	RS
gove rise to immediate	
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work 19 Occurred to	(Sto
21. I certify that (M (this haspital) attended the deceased fram October 25, 1960, to November 2, 1960, that to	we) lo
saw the deceased alive on November 21,60, and that death accurred at	
	b. DATE
Treduced & Johnson M.D. ATTENDING MED. STAFF PHYS. W	1/2/
22c. PHYSICIAN'S 22d. ADDRESS	1/4
NAME (Type)	CTON
FREDERICK S. DONALDSON, M.D. VAH, BALTIMORE 18 MD, FT. HOWARD DIVI	
23d. LOCATION (City, Iown, or county) (Steephone Removal (Specify) 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown, or county)	ie)
Burial 1/4/EU Baltimore National Baltimore Maryl	and
4. FUNERAL DIRECTOR'S SIGNATURE 1808 ADDRESS N. MONTOE St. 250. REC'D BY REGISTRAR'S SIGNATURE	

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DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years in UNDER 1 YEAR IF UNDER 2 YEAR IF UNDER 2 YEAR IF UNDER 3 YEAR IF UNDER 4 YEAR IF UNDER 4 YEAR IF UNDER 5 YEAR	1	2330		EKTIFICA	TE OF DEA	IH				
Baltimore County						E (Where deceased		n: Residence be	efore admissio	n)
RUTAL PIKESVILLE d. NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 8 Hawthorne Ave. 9 Pikesville 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 8 Hawthorne Ave. 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 11 NAME OF HOSPITAL (If not in hospital, give street oddress) 12 NAME OF DEATH (In the index policy down if relired) 13 NAME OF HOSPITAL (If not in hospital, give street oddress) 14 NAME OF HOSPITAL (If not in hospital, give street oddress) 15 NAME OF HOSPITAL (If not in hospital, give street oddress) 16 NAME OF HOSPITAL (If not in hospital, give street oddress) 17 NAME OF HOSPITAL (If not in hospital, give street oddress) 18 NAME OF HOSPITAL (If not in hospital, give street oddress) 19 NAME OF HOSPITAL (If not in hospital, give street oddress) 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 10 NAME OF HOSPITAL (If not in hospital, give street oddress) 11 NAME OF HOSPITAL (If not in hospital, give street oddress) 12 NAME OF HOSPITAL (If not in hospital, give street oddress) 12 NAME OF HOSPITAL (If not in hospital, give street oddress) 13 FATHER'S HOME 14 NAME OF HOSPITAL (If not in hospital, give street oddress) 14 NAME OF HOSPITAL (If not in hospital, give street oddress) 15 NAME OF HOSPITAL (If not in hospital, give street oddress) 16 NAME OF HOSPITAL (If not in hospital, give street oddress) 17 NAME OF HOSPITAL (If not in hospital, give street oddress oddress) 18 NAME OF HOSPITAL (If not in hospital, give street oddress oddress	8. COUNT	Baltimore		MARYLAND			b. COUNTY	Balt:	imore	
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8 Hawthorne Ave. 9 Pikesville 8 B Hawthorne Ave. 9 Hawthorne Ave. 9 Pikesville 8 B Hawthorne Ave. 9 ANA May	-				X Pikesvi	11e 8,	Md.			
B Hawthorne Ave. Pikesville 8	d. NAME OF HOSP	ITAL (If nat in hospital, g	ive street oddress)		d. STREET ADDRE	SS			e. IS RESID	DENCE
SEX 6. COLOR OR RACE 7. MARRIED May Myers SEAH November 28, 19			Pikesvi	111e 8	8 Hawth	orne Av	e.			-
Type or print) Georgia May Myers DEATH November 28, 19 SEX Female White WIDOWED DIVORCED DEO. 17, 1888 P. DATE OF BIRTH DOC. 18, 1889 P. DATE OF BIRTH DOC	NAME OF	Fir	st	Middle	Last		Mont	rh	Day Ye	ear
Divorced		Georgia	Ma	LY	Myers	DEATH				960
DIVORCED DIVORCED DEC. 17, 1888 79 yrs. DIVORCED DIVORCED DEC. 17, 1888 79 yrs. DIVORCED DEC. 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	. SEX	6. COLOR OR RACE	7. MARRIED X NE	VER MARRIED	B. DATE OF BIRTH		9. AGE (In years last burthday)			24 HF
HOUSEWIFE NO	Female	White	WIDOWED	DIVORCED	Dec. 17,	1888		Months Day	s naurs	MIN.
Housewife Own home White Hall, Md. U.S.A. 3. FATHER'S NAME William Glenn S. WAS DECEASED EVER IN U. S. ARMED FORCES? The no. or unknown (If yes, give our or dotte of service) None None None 16. SOCIAL SECURITY NO. None None None None None 17. INFORMANT Mr. Ernest B. Myers, 8Hawthorne Ave. 18. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING COURSED While COUNTRIBUTING CAUSE OF DEATH IT	a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	dane 10b, KIND OF B	USINESS OR INDI	JSTRY 11. BIRTHPLACE	State or foreign car	untry)	12. CITIZEN	OF WHAT CO	UNTR
William Glenn Ruth Parks 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO None No				home	White	Hall,	Md.	U.S.	.A.	
NO None None None None None None None None	B. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME				
None	Willi	am Glenn				Parks			A 1	
No None None Mr. Ernest B. Myers, 8Hawthorne Ave. 18. CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c).				CURITY NO. 17.	INFORMANT	70.39	APPH	kesvi.	11e 8	, N
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			None	Mı	. Ernest	B. Myer	s, 8Hav	vthorn	e Ave.	•
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bidg., etc.) 21. 1 certify that (I) (Hris hospital) ottended the deceased from. May 1960, and that death occurred of 97M, from the couses and on the date stated on 22a. SIGNATURE	gove rise to couse (o), stating lying cause lost	immediate g the under-)	INC TO DEATH B	T NOT PELATED TO THE	TERMINIAL DISCOACE	COMPUTION COV	TALIAL BART V	Via was as	1170
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of two			DITIONS CONTRIBUTI	ING TO DEATH BU	I NOT RECATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PAKI 1(0)	PERFOR.	MED
Haur o. m. p. m. 19 While of work of the bidg., etc.) 21. I certify that (I) (Hris hospital) at work of the deceased from Mag. 1955, to Months and the deceased alive on North 1960, and that death occurred at 80M, from the causes and on the date stated of 22a. SIGNATURE 22b. SIGNATURE		/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW	/ INJURY OCCURR	ED. (Enter noture of inju	ry in Port I or Port	II of item 18.)			
saw the deceased glive on No. 1960, and that death occurred at 50M, from the causes and on the date stated of 22a. SIGNATURE 22b. 0	20c. TIME OF INJU Haur o. m. p. m.	. 10	While Not v	while fo			or tawn)	(Count	ty)	(Stot
22a. SIGNATURE (D. 11 P. 22b. D. 12 P. 22b. D.	21. I certify the	ot (1) (H ris hospital ased alive on <i>NO</i>) oftended the d	leceosed from 50, and that	May death occurred of	. 195 J. to_	Nov2	d on the do	that (1) (wanted o	e) lo
		Hare,	118	yse	M.D. ATTENDING	MED.			226.	DATE
22c. PHYSICIAN'S NAME (Type) Paul HRoyse 1403 Foley Lane Publishille 8/		Pau	LH	Roys	e 1403	7 oley.	Tame (blsvi	dle 8,	M
30. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. Location (City, town, or county) Pleasent Grove Cemetery Boring, Md.	REMOVAL (Specification)	Dec.1,	1960 PI	easent	Grove Cem	etery 1	Boring,	Md.		
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOLUTION 250. REGISTRAR'S SIGNATURE DATE DEC 2 '60 Outhor, 8. Frank	4. FUNERAL DIRECTO	R'S SIGNATURE	ADDI	ESS)			0			

s after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	2337		CERTIFI	CAT	E OF DEAT	TH			
DIACE OF DEATH	Baltimore		MARYL		o. STATE	(Where decease	h COUNTY	on: Residence be	efare admission)
RURAL and give ne	outside corporote limit prest town) tonsville	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN Baltimor		prote limits, write RL	S V O	nearest town)
d. NAME OF HOSPITA	AL (If not in haspital, gi		20-1		d. STREET ADDRES	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Mary	f	Middle	V	leilson	4. DATE OF DEATH	Mont Nove	ember 3	Day Year 1960
s. sex female	6. COLOR OR RACE white	7. MAR WIDOW	RIED NEVER MARRIED		Unknown		9. AGE (In years lost birthdoy) 93? yrs.	Months Day	AR IF UNDER 24 HRS s Hours Min.
10a. USUAL OCCUPATIO during most of work housewif	ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (S	Marylar	. (-)		S. A.
13. FATHER'S NAME Unknow			38		14. MOTHER'S MAID Unknot				
1S. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of se	rvice)	social security no.	-	cords: S	PRING C	Addr ROVE SI'AT		PITAL
gove rise to in cause (a), stating to lying couse lost.	he under- DUE TO		CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS
20g. ACCIDENT WA			CONTRIBUTING TO DEAT			D84-124		EN IN PAKI 1(c	PERFORMED? YES NO
_	MEDICAL EXAMINER) Y Month, Day, Yeo	20d. While	Not while		CE OF INJURY (Home, ory, street, office bldg.		y or town)	(Coun	ity) (State
	t (1) (this hospital ed alive an No		ded the deceosed f 31960 , and t	rom	ath occurred at attending D. PHYS.	19.58 to 2. M, fram MED. DIRECTOR	STAFF		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)			ler, M. D.		22d. ADDRESS	SPRING Catons v	GROVE S	Mary la	HOSPITAL nd
234 BURIAL, GREMATIO REMOVAL (Specify)	11/5/	60	23c. NAME OF CEME	TERY OR	rod	REC'D BY REGIS	STION (City, town of	STRAR'S SIGNA	Stole)
24. FUNERAL DIRECTOR	J. J. J.	uck	53054	aylor	181			Thur S. H	

HISBORD BY ENGINEE

MAKILANI	SIAIE DEPAKIM	ENI OF HEALIH-BA	LIIMOKE, 18	12310
12338	CERTIFICA	ATE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY Batting b. CITY OR TOWN (If outside corporate limits, write	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE) c. CITY OR TOWN (If calside continued on the calculation of the	b. COUNTY Ba	livor
RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	18 ms-	A STREET ADDRESS	m,	e. IS RESIDENCE ON A FARM?
Kerslerst	own Rd.			YES NO
3. NAME OF DECEASED (Type or print)	Virginia	Vendecker DEAT	H November	en 9 1960
1 / 1 / /	RRIED NEVER MARRIED DIVORCED DIVORCED	12 July 187	9. AGE (In years left UND lost brithdoy) yrs. Month:	DER 1 YEAR IF UNDER 24 HRS S Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BINHPLACE Stote or treign	1 country) 12.0	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	hsler	14. MOTHER'S MAIDEN HAME	LONG	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	1 - 2 - 000 2	no John Basle	Hamil	son md.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. C PART II. OTHER SIGNIFICANT CONDITIONS	artissie	POCLEMENTE TO THE TERMINAL DISE	Law dies	ONSET AND DEATH
20d. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH		D. (Enter noture of injury in Port I or F		PERFORMED? YES NO 1
	le Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	City or town)	(County) (State
21. I certify that I attended the deceded alive on Nov-7, 19 ACTUAL SIGNATURE PHYSICIAN'S PAUL HT		n accurred at 610 PM, from ADDRESS M.D. 1403 Fole Pikesvik		
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 1/2/60 23. FUNERAL DIRECTOR'S SIGNATURE	2 c. NAME OF CEMETERY OF ADDRESS	moh Centley Re		signature m
K.S. Myers, h. 1/	rest mmle		4 '60 arthur	S. Flisha

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1. PLACE OF DEATH						DENCE (Who	ere deceased	lived. If instituti		before odr	mission)
o. COUNTY	BALTIMORE		MARY	LAND	D O. STATE b. COUNTY						
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	utside corpor	ote limits, write F	URAL and gi	ve nearest to	own)
RURAL ond give			1		V D.						
A NAME OF HOSE	PITAL (If not in hospital, give		LIFE		d. STREET AL	RRY	HALL			- 40	RESIDENCE
OR INSTITUTION	V (II not in nospital, giv	ve sireer a	daress)		d. SIREEI AI					10	A FARM?
4334	-HAPEL ROA	D.			4334	-HAT	SETI	SOAD		YES	NO [
3. NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Mor	nth	Day	Year
(Type or print)	TOA		H		NEWN	AM	DEATH	Noi	1.	14	1940
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIE	ED 🖂	8. DATE OF BIRTH			9. AGE (In years		YEAR IF U	NDER 24 HRS.
FEMALE		WIDOWE		_	Aix 10	7.19-	77	lost birthdoy)	Months [Days Hou	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work do	one 10b. K	CIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	ACE (Stote	or fareign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
1 1	orking life, even if retired)	11	2.155 2115		C	RMAI	1~		1	AZC	
13. FATHER'S NAME)IEE	117	OUSEUNIF		14. MOTHER'S						
3.4.1											
WILLIA	M RAUSC	HEL	BACH.			AITELS	200		10000		
15. WAS DECEASED E	VER IN U. S. ARMED FORC		OCIAL SECURITY NO	. 17. IN	NFORMANT			Add	ress		
No		1	JONE	1	BERTHA	. Po	LESN	E. 433	4 CH	APEL.	RD
18. CAUSE OF D	EATH [Enter only one cou	se per line	e for (o), (b), and (c).	1				0			BETWEEN
PART I. D	EATH WAS CAUSED BY:	(recel	12.	(Cree	120	>- 8	w 8,0		ONSE! A	ND DEATH
33.	IMMEDIATE CAUSE (6)			1	- 1	-		1			1
501	DUE TO	(2)	17700	1.0	-160%	A/10	0 12	0-1881-	COC		
Conditions, if				00.	36000	- Li		aster			
couse (o), stotin				121	PINDE	2 de				100	
lying couse los	t. (c).			Carried Control							
Z PART II. O	THER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
AT											□ NO □
20g. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter mature of	f injury in P	ort I or Port	II of item 1B.)			
OR CONTRIBUTION	G CAUSE OF DEATH										
		201 111	IIIIN OCCUPATO	20- 01	ACE OF INJURY (F	Home for	206 (0:	es terre?	10		(Stote)
20c. TIME OF INJI		While	Not while		ctory, street, office			or town)	(C	ounty)	(51016)
p. m	10	ot work					j.,	1	1, 1		
21 certify t	nat (I) (this-hospital)	attende	ed the deceased	from	deb!	1 19	16, 10	1200 17	1900	that () (we) lost
	ased alive on 220		1-0		deoth occurred	tot 2		the course of			
220. SIGNATURE	osed dilve on		173636 / OHO	marc	Jeon occurred	J UI_ASS_	741, 11 0111	me couses an	id on me	dole slot	22b. DATE
220, 0,0,1,1,0,12	1910	(Jan			M.D. PHYS.	G ME	D	STAFF PHYS.	11-	1.5-	SIGNED
22c. PHYSICIAN		-6			M.D. PHYS.		RECTOR .	PHYS.	17	-/ 4	00
NAME (Type	D'DicHe	PI	PRRIG	56.2	-/2	w.	OTE	RLEAR	IUE !	BAL	1064
	ION, 23b. DATE THEREOF	F	23c. NAME OF CEM	ETERY O	R CREMATORY		23d. LOCAT	ION (City, town,	or county)	(Stote)
REMOVAL (Special	" Day 17 x	960	BALTIN	SON	E CEN		B	ALTO		M.	0
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			25a. REC'E	BY REGIST	RAR 25b. REG	ISTRAR'S SIG	NATURE	
-2n. 0.	E	2	10. 70	D	0 #	DANOV	1 9 100				
Lesoque.	THENEX FROM	10. 1	401 Dolory	700	0	PALITUY	1 8 '60		Lan 9 4		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12312 Reg. Dist. No.

VS A15 (4) 15M 9/58

12340	CERTIFICATE OF DEATH

									Mag. D.	21, 140.		
1. PLACE OF DEATH o. COUNTY	Baltimore		,	MARYLAND	g. STATE	DENCE (WEMARY)		d lived. If instituti b. COUNTY		nce befor		ion)
RURAL ond give	(If outside corporate limite nearest town)	s, write	c. LENGTH OF	STAY IN 1b	No	town (If a		rate limits, write R	URAL ond	give neo	rest towr	1)
d. NAME OF HOSP OR INSTITUTION	3514 Roll:				d. STREET /		ng Ro	ad				FARM?
3. NAME OF DECEASED (Type or print)	EDWARD			iddle TON	NOR I	st	4. DATE OF DEATH	Novem		Do:	,	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRI		AARRIED	B. DATE OF BIRT		70	9. AGE (In years lost birthday) 90 yrs.		Days		Min.
Mail C	ION (Give kind of work d rking life, even if retired) arrier		KIND OF BUSINE		STRY 11. BIRTHP	ryland	or foreign c	ountry)		USA		OUNTRY?
13. FATHER'S NAME	: NIi-				14. MOTHER'S							
	iam Norris	ES? 16	SOCIAL SECURITY	Y NO I	NFORMANT	zabeti	h Payı	ne Add	ress.			
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)	4-22-06			e Mas	v Nor	ris - 351		lline	a Rd	
Conditions, if gove rise to cause (o), stating lying couse last	immediate DUE TO	ITIONS C			NOT RELATED TO				EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY PRMED?
OR CONTRIBUTION	VAS UNDERLYING ☐ 3 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJU	RY OCCURRE	D. (Enter noture o	of injury in I	Part I or Por	t II of item 1B.)			120	
20c. TIME OF INJU Hour o. m. p. m.	10	20d, IN While of work	Not while of work		ACE OF INJURY (ctory, street, offic			ar town)	(County)		(Stote)
21. I certify to alive an	Edwin L. I	19	ufm &	,	M.D. 82	04	ADDRESS (SI	the causes an reet, city or town,	d an the	BAL	stated DAT	leceased abave. Ty Ma
REMOVAL (Specify	ON, 22b. DATE THEREOF		22c. NAME OF					IION (City, town,			(Stot	
23. ELINEW DRECTO	12/1/19	NA A	W OOOL	awn C	emeter	1	D BY REGIST	odlawn RAR 24b. REGIS			land	
Ellsworth	Armacost-4	600	- Cer -	Hghts	Ave.	DATE		100	Cirilian			
						1			THE TAIL S WINE			

STORY LITTLE STORY Linescale distributed and the second DE PER L'ANNE LE L'ANNE Mate Mate Committee to the 1970 - 90 Mail Carrier H. S. Covt. Maryland . SH gardon tict - sixtoff was sixted - A.P.100-SS-BIS a presidence as I have been The Court Bispost M. D. C. St. Bargust Labert Co. C. III. at a second - to the second of the seco

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	12341		CERTIFIC	ATE O	F DEATH		100	Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL o. STAT	E	nere deceased	l lived. If institution b. COUNTY	on: Residenc	e before	odmissi	ion)
b. CITY OR TOWN (I RURAL and give no Wood)			GTH OF STAY IN 16	Ва	or town (If a ltimor		rate limits, write R	URAL and g	1-4	est tawn	
OR INSTITUTION	35 Gradin					erstov	vn Road			ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fir CLIZABETI		Middle		Last	4. DATE OF DEATH	Nov. 1		Day		rear
5. SEX Female	6. COLOR OR RACE White			B. DATE OF	BIRTH 15, 189	0	9. AGE (In years lost birthdoy) 67 yrs.	IF UNDER	1 YEAR II	F UNDE Hours	R 24 HRS Min.
Oa. USUAL OCCUPATION during most of work Seamstres	sing life, even if retired)	BUSINESS OR INDI	JSTRY 11. BIR			ountry)		U.S		OUNTRY
John T.		Deton	mstitute	14. MOTH	HER'S MAIDEN N		ς.		0.0	. 11.	
15. WAS DECEASED EVE			SECURITY NO.	INFORMANT			Add 6318 Rei		towi	n Ro	oad
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, 0	estiol	laso	ulan	ao	cident	۲,	INTER	T AND	TWEEN
Canditians, if o gave rise to i cause (o), stoting lying couse last.	m mediate		rtem	scl	after	tee	deser	2-0	7		
PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE			' '	PERFO	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nat	ure of injury in	Port I ar Part	II of item 18.)		7		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While No	CCURRED 20e. P	LACE OF INJU actory, street,	JRY IHame, farm affice bldg., etc	n, 20f. (City	ar town)	(C	County)	Par	(Stote
21. I certify the alive an	at I attended the	deceased from	n W.R., , and that deat	19, 19	5710 7		the causes an	d an the		stated	
SIGNATURE PHYSICIAN'S	eonard H.	Golombe	k		39 Libe	erty R	d. Balto	y7,	Md.		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Nov.B. 1	.960 Sa			metery	Way	nesboro	, Pa.		(State	a)
4600 Liber	- 0011		LLSWORT	H ARI		D BY REGIST		STRAR'S SIG			

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 2 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s ofter death. Page 4

TO HOS VS A15 (4) 15M 9/5B

COMPANIES OF REAL PROPERTY OF THE ST IIS III. DAI the state of the state ulaily Ofton William HING IN HISSALIAS 0881 . H. You Art 1781 of angle a supply to the control of the contr Mary Varyant gnos II miot Brand will and the comment of the state of t Sally of the second of the second A Crouse the transfer of the contract of the c The state of the s OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

TO HOS

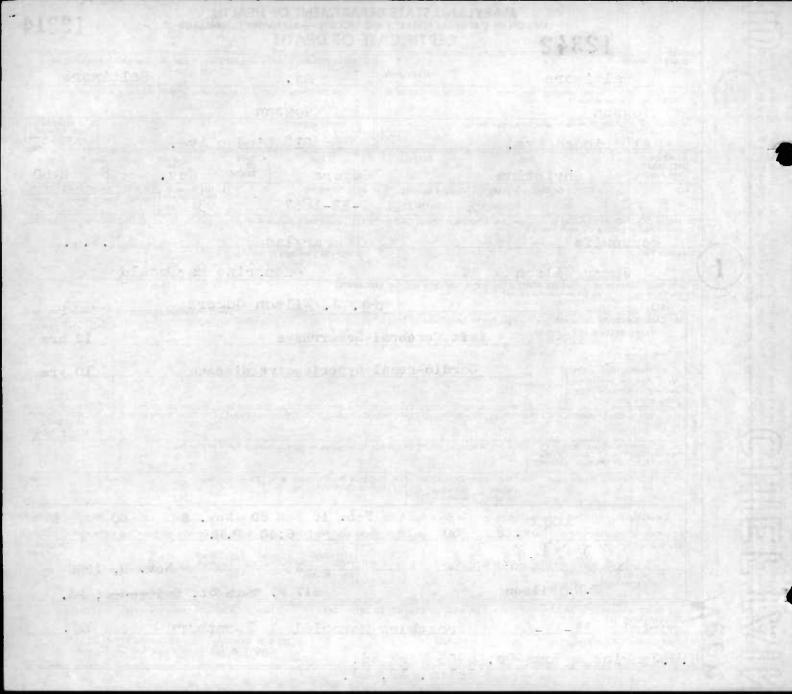
VR A1S (4) 1SM 9/59

after death. Page 4

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	4046						
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased	lived. If institution b. COUNTY	on: Residence bef	fore admission)
Bal	timore	MARYLAN	Md.		b. COUNTY	Balti:	more
b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, writ	e c. LENGTH OF STAY IN	16 c. CITY OR TOWN (If outside corpor	ote limits, write Rt	JRAL ond give n	learest town)
Towso			59 Tow	son			
	L (If nat in haspital, give stre	eet address)	d. STREET ADDRESS				e. IS RESIDENCE
	inden Ave.		218	Linde	n Ave.		YES NO
3. NAME OF DECEASED (Type or print)	First Christins	Middle	Odgers	4. DATE OF DEATH	Nov.	_	Day Year 1960
S. SEX		ARRIED NEVER MARRIED			9. AGE (In years		AR IF UNDER 24 HRS
F	7.7	OWED DIVORCED	7 00 70/7		1 gst birthdoy) 93 yrs.	Months Days	Haurs Min.
100. USUAL OCCUPATION	(Give kind of work done I	Ob. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (SI	ote or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
Housew			Marvl	and		TI.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	THE R. P. LEWIS CO., LANSING, MICH.	-11/15/11/2		
) Jan	es Wilson		Ka	therin	e MacDo	nald	
IS. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT		Addr		
(Yes. no, or unknown) (H	yes, give war or dates of service)		Mrs. J. Wil	son Od	gers	A	bove
18. CAUSE OF DEAT	H [Enter only one cause pe	r line for (o), (b), and (c).]	The contract of				NTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Left Cerebi	ral Hemorrhag	e			12 hrs
44.0	DUE TO		PARTY SERVE	J-MIN			
Conditions, if an	y, which) (b)	Cardio-ren	nal hypertens	ive dis	ease		10 yrs
gove rise to im	mediote DUE TO						
lying couse lost.	(c)						
PART II. OTHE		NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHE	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	in Port I ar Port	11 of item 18.)		
3 20c. TIME OF INJURY	Month, Doy, Year 20	d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home,		or tawn)	(Count	ty) (Stote
20c. TIME OF INJURY Hour o. m. p. m.	19 Wi	nile Not while work of ot work	factory, street, affice bldg.,	etc.)			
-			Fob 16	10 EO 4- N	I 0	10.00	4h a 4 / (1) / (3E)
			om Feb. 16				
22a. SIGNATURE	ed alive on Nov	Q / QQ / and th	nat deoth occurred of 6	: 40, Irqn,	ine causes an	d on the do	22b.DATE
	Mylls	M	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. N	ov. 9,	SIGNE
22c. PHYSICIAN'S NAME (Type)	77 37 37 37		22d. ADDRESS				
	T.N. Wilson	~	617	W. 40th	St. Ba	ltimore	, Md.
23o. BURIAL, CREMATION REMOVAL (Specify)	A, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCAT	TION (City, town,	or county)	(Stote)
Burial	11-11-60	Frostbu	rg Memorial	Fro	stburg		Md.
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	2So. R	EC'D BY REGIST	RAR 2Sb. REGI	STRAR'S SIGNAT	TURE
H.W. Jenkir	as & Sons C	o. 4905 Yorl	k Rd . DATE	NOV 1 4	00	inchin a. 1	C) MACON

Balto. 12, Md.



Is necessary, pieces	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune		O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremoit
Jry, p	20 4)	riol.
OCCUPACION OF	or. Pc		to bu
13 11	recto	les.	Drior
		75	tror
200	fune	or you	regis
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The state of the s	3 10	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	with
10110	2, ond	r be r	buo
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	le X	WOL	UNE
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						Reg. Dist. 140.	_
(NA)	1. PLACE OF DEATH	14211.)				nstitution: Residence before admission)	
(IA)		Baltimore	MARYLAND	o. STATE Maryl	and b. co	UNITY Baltimore	
	b. CITY OR TOWN and give nearest to	(If outside corporate limits, write RURAL wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits,	write RURAL and give nearest town)	
35		undalk		Dunda	lk		
	d. NAME OF HOSP	PITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC	
		3 Dundalk Ave.		3013	Dundalk Ave.	ON A FARM YES NO	
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE A	Aonth Day Year	
	(Type or print)	MARGARET E	LEANOR O'GRADY		DPAPIA	vember 14. 19 60	0
	5. SEX		RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yes	IF UNDER TYEAR IF UNDER 24 HE	
	Female	White WIDOW	ED DIVORCED	Dec. 8, 1913	lost birthday)	Mightine Days Higgs Mills	
	100. USUAL OCCUPAT	TION (Give kind of work done 10b.				12. CITIZEN OF WHAT COUNT	RYS
, -	At home	king life, even if retired)		Ohio		77 C A	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	U.S.A.	
1		T. Shea					
1			COCIAL CECUPITALIO DE LA	Flora Gri			
~	(Yes, no, or unknown)	(If yes, give wer or dates of service)		FORMANT		dress	
	No.		Pha	mas W. O'Cra	dy 3013 Dund	alk Ave.	
		ATH [Enter only one cause per lin	e for (a), (b), and (c).	-1 -	1)	INTERVAL BETWEEN ONSET AND DEATH	
75	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hongulas	tion or	Con une	10 min	
	1774	DUE TO		1	/ /		
	Conditions, if			V			
	gave rise to imm	ediate couse					
3.5	(a), stating the	underlying					
The T	-	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION	GIVEN IN PART I(o) 19. WAS AUTOPSY	
71	PART II, O			OT RED TO THE TERM	TALDISENSE CONDINON	PERFORMED?	
J	200. EXTERNAL C	ALICE WAS DOOR DESCRI	AF 110111 IN 1111111 OCCUPATO 15			YES NO	_
3-4	PRIMARY Or CO	ONIKIBUIING L	BE HOW INJURY OCCURRED. (E	nier noture of injury in Parl	For Port II of item 18.)		
574							
34	20c. TIME OF INJ			E OF INJURY (Home, form ry, street, office bldg., etc.)	20f. (City or town)	(County) (State))
- 2	Haur a. m		vork of work				
	21. I certify	that I took charge of the	remoins described obov	re, held on Autopsy	, Inspection	Inquiry A and find th	ot
		d from: Notural causes					
		1 1/1 1	(1) 10				
	ACTUAL	hall led	alle	CHIEF MEDICAL EX	AMINER [DATE SIGNED	
1	SIGNATURE	Market 17 Comments	10 ¹	ASSISTANT MEDICAL EX		1, 1/	
and a	EXAMINER'S	- 1 0 100				11-16-60	0
		ack Collins, M.1		DEPUTY MEDICAL E			
	220. BURIAL, CREMATI REMOVAL (Specif	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to	wn, or county) (State)	
V	Burial	11/17/60	Oak Lawn		Colgate.	Md.	
15/1	23. FUNERAL DIRECTO		ADDRESS			EGISTRAR'S SIGNATURE	
1	Ullrich Fu	meral Home Dunda	alk, Md.	DATE N	OV 21 '60	Cirthur S. Kraus	
							-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12315

THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12316 CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) AURAL and give nearest Jown) 4-isears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? nenwood YES NOVA NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Davs Hours WIDOWED 7 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) teramore, md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while While at wark at work 21. I certify that I attended the deceased fram. 1960, that I last saw the deceased and that death occurred ot \$ 150 AM, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURTAL CREMATION. 22c. MAME OF CEMETERY OR TREMATORY EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cirkling S. Kround DATE

Pages 13 and mave shavid page VS A15 (4) 15M 9/55

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THE STATE OF THE S	ATE OF DEATH		PARRY.	
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	and the same			
			TRANSPORT	
			OMETING ATT ASSESS	
		and the same of th		

FOR STATE TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 317 1234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
a. COUNTY Balto. MARYLAND	o. STATE Ind. b. COUNTY Balte.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	1d. STREET ADDRESS o. IS RESIDENCE ON A FARM? VEED NO.
3. NAME OF Erst Middle	Last 4. DATE Month Dey Yeer
(Type or print) HERMAN SELF	OLIFF DEATH 311 28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Freak Total WIDOWED DIVORCED	Dec. 7, 1886 73 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
street Cor operator Ballo Iran	in va. 21.39.
N3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
) westry Oliff,	Sarah Graxion
15. WAS DECEASED EVER IN U.S. ARMED FORCES 6. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive were detesofservice)	INFORMANT Address
mr. 311. 213 09-3631	acres Oxiff (single) Sough.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CURLIFY MY	emorrhage this
DUE TO STATE OF THE PROPERTY O	Sterioscheritie 6. V Diese Com
Conditions, if any, which gave rise to immediate cause	Water Christic Co. V. Ad char Chan
(e), steting the underlying DUE TO	
cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY
Trove.	PERFORMED? YES NO N
	(Enter nature of injury in Part II or Part II of ilem 18.)
3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. Pt	ctory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, I	neld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Sui	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE DID CEASURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S D.D. CAPLES	DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	
Burial 12/1/60 Lorraine Par	k Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
wmy. 1 case Honesto-17, 9	DANOV 2 9 '60 Chilling & House

1 1 September 1 - Committee of the Committee of Committee HE AND TO READ RESIDENCE ASSESSMENT OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECO 33/12/20 = 33/170 Telephone and the second secon is after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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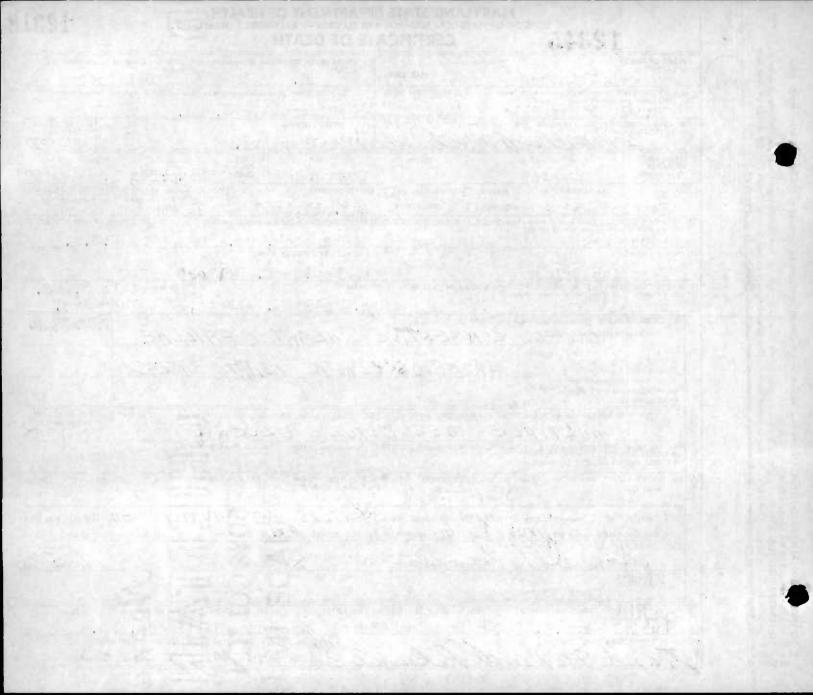
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and campletely filled in by the funeral director, on papers. Pages 1 and 2 shauld be filed with 2 hours ofter death.	M)
the funeral shauld be	
illed in by les 1 and 2 ath.	X
and campletely filled on papers. Pages 1 2 hours ofter death.	
on pe	

1, PLACE OF DEATH 0, COUNTY					2. USUAL RESIDENCE (\	Where decease	d lived. If institut b. COUNTY		efore admission)
Ba	ltimore		MARY	LAND	Md.		B. COUNTY		nore
b. CITY OR TOWN (If of RURAL and give near	utside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside corpo	prote limits, write f	RURAL ond give	nearest town)
Rural	Pikesvil	le	Lifetim	e	X Pikesv	ille (B. Md.		
d. NAME OF HOSPITAL	(If nat in hospital, g	ive street c	(ddress) 8	My Col	d. STREET ADDRESS	M 100 -3		10.57	e. IS RESIDENCE ON A FARM?
27	Walker	Men	C. Vikeri	lle	27 Walker	Ave.			YES NO
3. NAME OF	Fir	st	Middle		Last	4. DATE	Mai	nth	Day Year
DECEASED (Type or print)	Margaret	,			Ortman	DEATH	Nove	nber 1.	19 60
5. SEX	S. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D.O.	B. DATE OF BIRTH	-11-37-3	9. AGE (In years lost birthdoy)		AR IF UNDER 24 HR
Female	White	WIDOWE	D DIVORCE		Aug. 77.78	869	9] yrs.	Months Day	rs Hours Min.
10a. USUAL OCCUPATION	(Give kind of work	done 10b.	CIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Sto	ote or fareign o	country)	12. CITIZEN	OF WHAT COUNTRY
Housewo		1	Own home		Hancoel	k Md.		II.	S.A.
13. FATHER'S NAME	de of he		OWII HOME	. 75.0	14. MOTHER'S MAIDEN				
Toromia	h Ortman				Louise	K Ho	Thert		
15. WAS DECEASED EVER I		CES? 16. 5	SOCIAL SECURITY NO	. 17. IN	FORMANT	77.0 710	Di Ade	Ireservi 777	e 8. Md.
(Yes, no, or unknown) (If	yes, give wor or dotes of a		None	Mr	s.Stella	R. Abl	ott.27	Walker	, ,
18. CAUSE OF DEATH	210220				S.D. GLLa.	TI + MUL	0000921		NTERVAL BETWEEN
	WAS CAUSED BY:				HEAR	-	CALLLI		NSET AND DEATH
1	MMEDIATE CAUSE (a	1	1146231	IVL	1127	/	111201	12	
1420	DUE TO					111			
Conditions, if ony	, which) (b	A	RTEKIO.	SCZ	EROTIC I	HEART	D/50	ASE	
gove rise to imm	nediote (
couse (o), stoting the	under DUE TO								
lying couse lost.) (c		ONITRIBUTING TO BE	A TILL DILLT	NOT BELLTED TO THE TER	DIAINIAL DISEAS	C CONDITION OF	VEN IN 04 DT 1/-	VIO WAS AUTORS
		_			NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAKE I(C	PERFORMED
-	NULTIP		DEC		, -	1200	W -7		YES NO 2
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE). (Enter noture of injury i	in Port I or Po	rt II of item IB.)		
3 20c. TIME OF INJURY	Month, Day, Ye		JURY OCCURRED		CE OF INJURY (Home, fo		y or town)	(Coun	ity) (Stote
Y 20c. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while of wark	100	tory, street, affice bldg., o	erc.)			
	/15 //1 ! - 1 1			r .	SEPT. 15	1060	MOV.	1 1050	4-1411
									that (I) (las
saw the decease	dalive an	2	1900, and	that d	eath accurred aff	M, fram	the causes a	nd an the do	ate stated above
220. SIGIVATURE	01	Y	L- 0;-		A.D. ATTENDING	MED.	STAFF		SIGNE
22c. PHYSICIAN'S	mee	1/0	reacto		A.D. PHYS.	DIRECTOR	PHYS.		11-2-6
NAME (Type)					22d. ADDRESS				
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREC)F	23c. NAME OF CEM	ETERY O	R CREMATORY	23d. LOCA	TION (City, town,	or county)	(State)
Burial	Nov.3.1	960	New Ca	the	deral Come	tery	Baltim	ore. M	d.
24. FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	2	nome 250. RE	EC'D BY REGIS		ISTRAR'S SIGNA	TURE
1	on n	- 1	11/11/ B.	- Pr	1100	NOV 7	'60 (1.71 . 9 4	Yours

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion a page 3 should be detached for use as the burial-transit permit. Then please remave carby the State Board of Health priar to burial, cremation, ar remaval, and in any event with 17 TO HOS VR A1S (4) 1SM 9/59



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PLACE OF DEATH COUNTY					2. USUAL RESIDENCE (Who a. STATE		l lived. If institution b. COUNTY	on: Resident	ce befo	re odmiss	ion)
	imore		MARYL		Maryla			Balt			
 LOWN (If RURAL and give new property) 		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a	utside corpor	rate limits, write R	URAL and g	jive ne	arest tawn	1)
_	rd, Maryla	nd	10 days		53 Dundalk 2	2					
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
	Administr	ation	n Hospital		1958 Orma	nd Ro	nd				NO 🔯
3. NAME OF	Fir		Middle		Last	4. DATE	Man	th	Do	y \	Year
(Type ar print)	JOH	N	then then then		PERRONE	DEATH	Novembe	יינכ	25		1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIEL	П	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
Male	White	WIDOW			March 31, 189	00	70 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDU			14	12. CITI:	ZENO	WHATC	OUNTRY?
Sheet Meta	ng life, even if retired		7		Washington	n c		TT	S.A		
13. FATHER'S NAME	T WUIKEL		Construction	1	14. MOTHER'S MAIDEN N	IAME	•		Dall		
John Perro	ne				Tdo Towal						
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IP	Ida Lovel		bbA Add	ress			
Yes, no, or unknown]	f yes, give wor or dates of s	ervice)	18-18-5898		OTTHICS			77477	-		
	WW-1		7070	I V.E	H, Baltimore,	Md.	- ROBJ. HO	WARD	-	ISIO	
	TH Enter anly and co	iuse per li	ne for (o), (b), and (c).]							ERVAL BE	
- 24	IMMEDIATE CAUSE (c)	PORTAL CIRE	RHOS	IS			-	U	NKNO	MN
1501.	O XDOXIC										
Canditions, if or)	EDEMA OF LU	INGS					2	DAY	S
gave rise to in cause (a), stoting t											
lying cause lost.	(c)E	BENIGN PROST	CATI	C HYPERTROPHY					~~~	
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	T 1(a)	9. WAS	AUTOPSY RMED?
EA3											NO 🗌
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in F	Part I or Part	II of item 1B.)	-			
(IF EITHER, NOTIFY	CAUSE OF DEATH										
3 20c. TIME OF INJURY	Manth, Day, Ye	or 20d. I	NJURY OCCURRED		ACE OF INJURY (Hame, farm		ar tawn)	10	Caunty)		(Stote)
20c. TIME OF INJURY Haur a. m.	19	While	Nat while	fo	ctary, street, affice bldg., etc.)					
		-		-		i			-		-
21. I certify tho	(X) (this hospita	l) attend	ded the deceosed f	rom	-Nov - 15 - 118	-	- /				
	ed olive on NO	V. 25	1960 , and	that c	leoth occurred of OP	M, from	the couses or	d on the	dote		
220. SIGNATURE	1 1 5	1/1-	1-121-	7.7	ATTENDING ME	en.	STAFF			221	SIGNED
Page	Chy 91	1/2/	my But	>	M.D. PHYS.	RECTOR .	STAFF PHYS.		11	/26/6	60
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	GEORGE C./	MCELF	FATRICK, M.D	,	VAH, Balti	moe, I	ldFort	Howa	rd	Divi	sion
23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF CO	23c. NAME OF CEME	TERY O	R CREMATORY	23d. LOCAT	ION (City, tawn,	ar caunty)		(Stot	le)
REMOVAL (Specify) Burial	11-28-	00	St. Matthe	WS	Cemeterv	Dunc	lalk 22.	Marwl	and		
24. FUNERAL DIRECTOR'S	SIGNATURE	6	OO OADDRESS ford	P.d	25a. REC'I	D BY REGIST	RAR 25b. REGI	STRAR'S SIC	SNATU	RE	
Mm Cook-B	light. Inc	F	Paltimore 11	M	arvland DATE N	OV 29'	60 0	rthun &	. tou	me	

may be retained by the haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 2 hours ofter death. 050

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12347

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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	oage 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with	/	-
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ed	IREC	be	d of	
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Se re	ERA	3 sh	ote	
nay be retained by the haspital ar attending physician.	FUN S	oge	he State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.	

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 prs after death. Page 4 E 0

VR A1S (4) 1SM 9/59

		-								
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	ND	2. USUAL RESIDENCE (WHO O. STATE Mary)		lived. If institution b. COUNTY	n: Residence be		ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If o	utside corporo	te limits, write RU	RAL ond give r	nearest town	n)
KUKAL ond give	Larchmont				Larchmont 7	7	X			
d. NAME OF HOS	PITAL (If not in hospital, g	give street	address)		d. STREET ADDRESS	Town			e. IS RES	IDENCE
OK INSTITUTION	2514 Poplar	Driv	re		2514 Poplar	r Drive				FARM?
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE	Monti	h I I I	Day	Year
(Type or print)	LESTE	R	M.		PHOEBUS, SR.	DEATH	Novem	ber 16		19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH	9	. AGE (In years lost birthdoy)	IF UNDER 1 YEA		1
Male	White	WIDOW	ED XX DIVORCED		Jan. 30, 1875	5	85 yrs.	Months Day:	s Hours	Min.
during most of w	TION (Give kind of work orking life, even if retired Insurance U)		INDUS	TRY 11. BIRTHPLACE (State Balbot Co	ounty,		12. CITIZEN	OF WHAT (OUNTRY?
Wilbur -										
	VER IN U. S. ARMED FOR	CES2 11A	SOCIAL SECURITY NO	17 IN	Mary P. K	relly	Addre	966		
(Yes, no, or unknown)	(If yes, give war or dates of t				. William R.	Ruchen			neske	Aven
No	DEATH [Enter only one co		Yes	III	· WIIIIam It.	Duchan	all-)0 W.		TERVAL BE	
Canditians, if gove rise to couse (o), stolin lying cause los	immediate DUE TO	14	eart 80 aleifie	nh	ante S	living	c Can	relete	22	so de
ICATIC					NOT RELATED TO THE TERMI			N IN PART 1(o)	PERFO	AUTOPSY ORMED?
OR CONTRIBUTION	WAS UNDERLYING A NG ACCUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED	. (Enter nature of injury in l	Part I or Part i	II of item 1B.)			
20c. TIME OF INJ Hour a. n p. n	10	While at wor	Not while		CE OF INJURY (Home, form lory, street, office bldg., etc		or town)	(Count	(y)	(Stote)
	hot (I) (this hospital cased alive on				5-8- 19 eath occurred at	M, from t				
4	Jean (li	elle	Nan	٨		ED. RECTOR	STAFF PHYS.	11-18	_ /	SIGNED
22c. PHYSICIAN': NAME (Type					22d. ADDRESS 5907	Swy	m Cal	« are	H	7
23a. BURIAL, CREMAT		OF	23c. NAME OF CEMET	ERY OF	CREMATORY	23d. LOCATIO	ON (City, town, o	r county)	(Stol	te)
REMOVAL (Speci	11/19/60		Lorraine	Par	k Cemetery	Balti	more, Ma	rvland		
24 FUNERAL DIRECTO	DR'S SIGNATURE	who	ADDRESS			D 8Y REGISTR		TRAR'S SIGNAT	TURE	- GV
am.g.	1 con B	eito	17 ma	0	DATEON	21 '60	unin	on S. Krau	A	

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	fallet County, Augusta		Commitmed to the
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		100 2 W	Espera os L. C. Maray.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	timore	MARY	O STA	L RESIDENCE (Wh	ere deceased li	ved. If institution b. COUNTY	Residence befo	ore admission)
b. CITY OR TOWN (If ou	tside corporate limits, w	rite c. LENGTH OF STAY	IN 16 c. CI1	Y OR TOWN (If o	utside corporot	e limits, write RU	RAL ond give ne	arest town) *
RURAL ond give neares	resville	18 vr	e X P	ikesvil	Te 8.	Md		
d. NAME OF HOSPITAL (the feet of the point states from	treet oddress)		REET ADDRESS	2009	1100		. IS RESIDENCE
607 Reiste	erstown Ro	l., Pikesvil	le 60'	7 Reist	ersto	m Road		YES NO
3. NAME OF DECEASED (Type or print)	First the I	Middle	Poe	Last	4. DATE OF DEATH	Novem		1960
S. SEX 6.	COLOR OR RACE 7.	MARRIED NEVER MARRIE	D B. DATE O	FBIRTH	9.	AGE (In years lost birthday)	The second second	IF UNDER 24 HRS
female	hite wi	DOWED DIVORCE	PD Aug	ust 27.	1888	72 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (during most of working		10b. KIND OF BUSINESS O	R INDUSTRY 11. B	IRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZEN O	F WHAT COUNTRY
Housevi		Own home		Pikesv	ille.	Md.	U.S	. A.
13. FATHER'S NAME			14. MO	THER'S MAIDEN N	NAME '			
,,111:	lam G. Ros	rers		Elizab	eth Ke	evs		
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO	. 17. INFORMAN	T		Addre	ikesvi	lle 8.
No I	Sone	None	Mr. A	ndrew P	oe. 60	7 Reis	tersto	um Rd.
18. CAUSE OF DEATH	[Enter only one couse	per line for (o), (b), and (c).		10	0	-		ERVAL BETWEEN
	WAS CAUSED BY: MEDIATE CAUSE (o)	6 orono	ary -	Thron	200	ie		er hor
3 34	DUE TO	11 -	A		12	year.	DV	
Conditions, if ony,		Auper	lins	ion of	1/12	ales	cless	Jeff
gove rise to imme couse (o), stoting the	ediote (6////	1		11/	H 1		11/10
lying couse lost.	(c)	Homes	negu	2-10	11 De	ald	<u></u>	Sylas
PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	HE BUT NOT RELA	TED TO THE TERM	NAL DISEASE	ONDITION GIVE	N IN PART 1(o)	WAS AUTOPSY
								YES NO
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF DEATH	. DESCRIBE HOW INJURY O	CCURRED. (Enter n	oture of injury in I	Port I or Port II	of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.		ROd. INJURY OCCURRED	20e PLACE OF IN	JURY (Home, form t, office bldg., etc.	, 20f. (City o	r town)	(County)	(Stote
Hour o.m.		While Not while It work of work	lociory, sing	i, onjee bidg., aic.	"		,	
21. I certify that (I) (this hospital) of	ttended the deceosed	from /- /-	19:	5/1.10//	//-	19601	hot (I) (we) los
sow the deceased	olive on 1/7/	0 56 1920 ond	that death oc	curred av f	M, from th	e causes onc	on the date	e stated above
220. SIGNATURE	2 L	Taffell	M.D. PHY	ENDING MI	ED. RECTOR	STAFF PHYS.	11-17	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	imas (Haffell	MB 22d.	ADDRESS Je 157	terst	DWM	Md_	_
230. BURIAL, CREMATION,	23b. DATE THEREOF	23 NAME OF CEMI	ETERY OR CREMAT	ORY	23d. LOCATIO	ON (City, town, o	county)	(Stote)
RÉMOVAL (Specify)	Nov. 14.1	960 Nays	Chapel	Cemeter	y Bal	timore	Count	v. Nd.
24. FUNERAL DIRECTOR'S SI		ADDRESS)	.00		D BY REGISTRA		TRAR'S SIGNATU	
11-1	1.1 10	en / TI	1///	ALL ALL	OV 4 A 101	1 0	11 - 9 4	A. A.

after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death.

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ON OF STATISTICAL	RESEARCH .	AND	RECORDS -	BALTIM	ORE 1	, MARYLAND

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256 BECHSTRANS SICHATORE

250. REC'D BY REGOTRAR

		12349	JN OF 3			E OF DEATI		MAKILAND			143	46
	LACE OF DEATH	Baltimore		MARYL		2. USUAL RESIDENCE (Vo. STATE Mary	Where deceased	b. COU		Residence	befare adm	nissian)
b	RURAL and give	(If outside carporate limits nearest tawn) nSville		c. LENGTH OF STAY I		c. CITY OR TOWN (I		rate limits, wr	ite RURA	AL and give	e nearest to	wn)
C	OR INSTITUTION SPRING	GROVE STATE		ddress) SP ITAL		d. STREET ADDRESS 314 Sou	th ^R egi	ster	tre	et		ESIDENCE A FARM?
	NAME OF DECEASED Type or print)	First Helen		Middle		Ponicki	4. DATE OF DEATH		Manth	mber	Doy 21	Year 19 60
S. S	EX		7. MARRI	ED NEVER MARRIE	В. В.	DATE OF BIRTH		9. AGE (In y	ears IF	UNDER 1	YEAR IF UN	IDER 24 HRS.
	female	white	WIDOWE	DIVORCED		March 15,	1894	50 66	ay) N	Nanths D	ays Hau	rs Min.
IVa.	during most of w	TION (Give kind af wark do arking life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUST			ountry)				T COUNTRY?
	house	wife				New Y				U.	S. A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Roh	Grzegozewski	i			M	argaret	?				
	WAS DECEASED E	VER IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INF	ORMANT		EAL S	Address		TAG	3 11
	unknown		υ	ınknown	Re	cords: SPR	ING GR	OVE S	TATE	E HO	SPITA	
	18. CAUSE OF E	EATH [Enter anly ane cau	se per line	far (a), (b), and (c).]		Manager 1				1	INTERVAL ONSET AN	
	Canditians, if gave rise ta cause (a), statillying cause la	immediate DUE TO	aı	cinoma of	live	r					ONSET AT	- CANTO
CATION	PART II. (THER SIGNIFICANT COND	ITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEASI	E CONDITION	GIVEN	IN PART 1	(a) 19. WA PER YES	FORMED?
CERTIFI	OR CONTRIBUTII	WAS UNDERLYING 12 NG 12 CAUSE OF DEATH FY MEDICAL EXAMINER)	POB. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury i	in Part I ar Part	t II of item 18	.)			
MEDICAL	20c. TIME OF INJ Haur a. n p. n	1.	20d. IN While at wark	UURY OCCURRED Nat while at wark		E OF INJURY (Hame, fa bry, street, office bldg., a		ar tawn)		(Cai	unty)	(State)
	21. I certify t	hat (I) (this haspital) ased alive an No	attende v. 21			June 16 at at at						(we) last
	22a. SIGNATURE	0	1.	lister	M	ATTENDING	MED. DIRECTOR	STAFF PHYS.		11-2		22b. DATE SIGNED
2	22c. PHYSICIAN' NAME (Type	Stella Wa	chsle	er, M. D.		22d. ADDRESS S	RING atonsvi	GROVE	STA.	ATE I	HOSPIT	TAL
23a.	BURIAL, CREMA	ION, 23b. DATE THEREOF		20 NAME OF CEME	TERY OR			TION (City, to				tate)

TO FUNE A brained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their processemence carbon popers. Pages 1 and 2-should be differed with the State Board of Health prior to burial, cremation, ar removal, and in any yent, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

s after death. Page 4

TO HOSP VR A15 (4) 1SM 9/59

24. FONERAL DIRECTOR'S SIGNATURE

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Baltimor	e	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceosed lived. If institution: Residenc b. COUNTY Baltimo	e before admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederic	k and Oella	Ave.	Frederick a	nd Oella Ave.	YES NO X
3. NAME OF DECEASED (Type or print)	DAISY	VIRGINIA POTTS	Lost	4. DATE Month OF DEATH November 1,1	.960 19
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS
Female	White	VIDOWED DIVORCED	May 15,1884	lost birthday) Months 76 yrs.	Days Hours Min.
10a. USUAL OCCUPAT during most of we	orking life, even if retired)	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	e or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Chs	rles Potts		Manage	Cogle	
		S? 16. SOCIAL SECURITY NO.	INFORMANT	Address	
(Yes, no, or unknown)	(If yes, give wor or dates of serv	ical		s,Frederick and Oell	o Arre
No			UNITTER T'-LOCE	Catonsville	
gove rise to couse (o), stotin lying couse los	g the under-	HARLITOPH TIONS CONTRIBUTING TO DEATH BY	CHOT RELATED TO THE TERM	Celules Alinal Disease Condition Given in Part	1(a) 19. WAS AUTOPS' PERFORMED? YES \(\backsigma \) NO \(\backsigma \)
	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	TO LINO E
20c. TIME OF INJI Hour a. m p. m	. 10		PLACE OF INJURY (Home, far actory, street, office bldg., et		ounty) (State
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the o		n. o. 460 5	M, from the causes and on the ADDRESS (Street, city or town, stote)	date stated above DATE SIGNE
220. BURIAL, CREMAT REMOVAL (Specif Burial		22c. NAME OF CEMETERY Fairview Ce		22d. LOCATION (City, town, or county) Bolivar, W. Va.	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24o. REC	D BY REGISTRAR 246. REGISTRAR'S SIG	
r Couteinh	othom Ellico	tt City.Nd	DATE	NOV 4 60 arthur 2	1. Thank

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. .LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

rs after death. Page 4

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	CHARLES THE STATE OF			

the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 haurs after death

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1. PLACE OF DEATH o. COUNTY			MARYLAN		USUAL RESIDENCE			ed. If institution			dmission)
	'IMORE		MAKILAI	AD .	MAI	RYLAN	VD		WICC	MICO	
RURAL and give	(If outside corporate limi nearest town) HOWARD	ts, write	LI3 days	1Ь	c. CITY OR TOWN	N (If outside is but if but is but if but is		limits, write R	JRAL ond g	give nearest	town)
	PITAL (If not in hospital, o	ive street			d. STREET ADDRE					e. IS	RESIDENCE ON A FARM?
Vet	erans Admin	istra	tion Hespita	1	603	W. C	verci	rele			S NO DX
3. NAME OF	Fir	st	Middle		Last	4.	DATE	Mon	th.	Day	Year
(Type or print)	JAM	ES	W.		PRICE		OF DEATH	Novem	ber 2	26	19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. C	ATE OF BIRTH			AGE (In years lost birthday)			INDER 24 HRS.
Male	Negro	WIDOW	ED DIVORCED	I	av 28. 1	934		26 yrs.	Months	Days Ho	ours Min.
10a. USUAL OCCUPAT	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR II				oreign coun	try)	12.CITI	ZEN OF WH	AT COUNTRY?
Basket	orking life, even if retired)	Basket Con	mant	Sal	ishur	rv. Ma	ryland		U.S.A	
13. FATHER'S NAME	Harris		Daily No.		4. MOTHER'S MAIL			to J statement		01012	
MaVimi	ev Price				Max	T P	Price				
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT	y 10.	TITO	Addi	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	4-30-6187	014.	Danasa	Wad	A 43	II - au De	74.	MA TH	Timenad
Yes Lin CAUSE OF D	EATH Enter only one co	y ···	no for (a) (b) d (c) 1	6131	.Records	, ver	ACUIT.	HOSD, Da	1.40		L BETWEEN
	EATH WAS CAUSED BY:	iose per in								ONSET A	AND DEATH
211	IMMEDIATE CAUSE (d		BRAIN ABSCES	SS		-				54	DAYS
34	DUE TO										
Conditions, if gove rise to)	MENINGITIS							50	DAYS
couse (o), stotin										1000	
lying couse los	<u>t.</u>) (c)	EDEMA OF LI	INGS						2	DAYS
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTNO	T RELATED TO THE	TERMINAL	L DISEASE C	ONDITION GIV	EN IN PAR	PE	VAS AUTOPSY ERFORMED?
20a. ACCIDENT V	WAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture of inju	ry in Port	I or Port II	of item 18.)			
	FY MEDICAL EXAMINER)		Tax								
20c. TIME OF INJU	10	While of wor	Not while		OF INJURY (Home r, street, office bldg		20f. (City or	town)	(0	County)	(Stote)
21. I certify th	hat (X) (this haspita	1) attend	ded the deceased fro	amOr	toher 1/	12.60). toNov	ember26	19.6	50 that i	Mr (we) last
			1960 , and th								
220. SIGNATURE	200	1 /-	/			1-1-201					22b. DATE
100	es Con	An	met mis	M.D	ATTENDING PHYS.	MED.	TOR 🗆	STAFF PHYS.		17/26	160 SIGNED
226. PHYSICIAN'S		1	Sig 1 11		22d. ADDRESS					11/20	700
NAME (Type)	GEORGE C. MC	ELF	ATRICK		VAH BA	LTO.	MD. FI	HOWARI	DIV	ISION	
23o. BURIAL, CREMAT			23c. NAME OF CEMETE	RY_OR C				N (City, town,			(State)
REMOVAL (Specif		60	bles 0 h	PC	reek	1	lo al	of Cs	eek	me	1
Burial 24. FUNERAL DIRECTO	OR'S SIGNATURE	d v	ADDRESS	9	250	REC'D R	Y REGISTRA	R/ 25b. REGI	STRAR'S SIG	GNATURE	
		0 0			Table 1000 Inch	NOV	3 0 '60		rilug S.		
west Funer	ral Home, 13	UZno	d St. Salisbi	ury,	Ma. DAI	IF 44-4			100		

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1 FOR STATE HEALTH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a leavestary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,

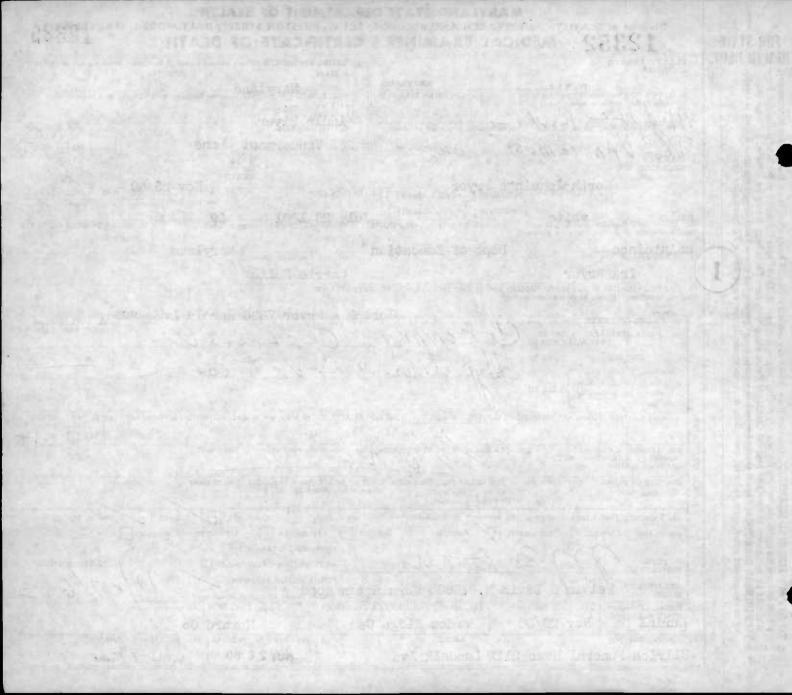
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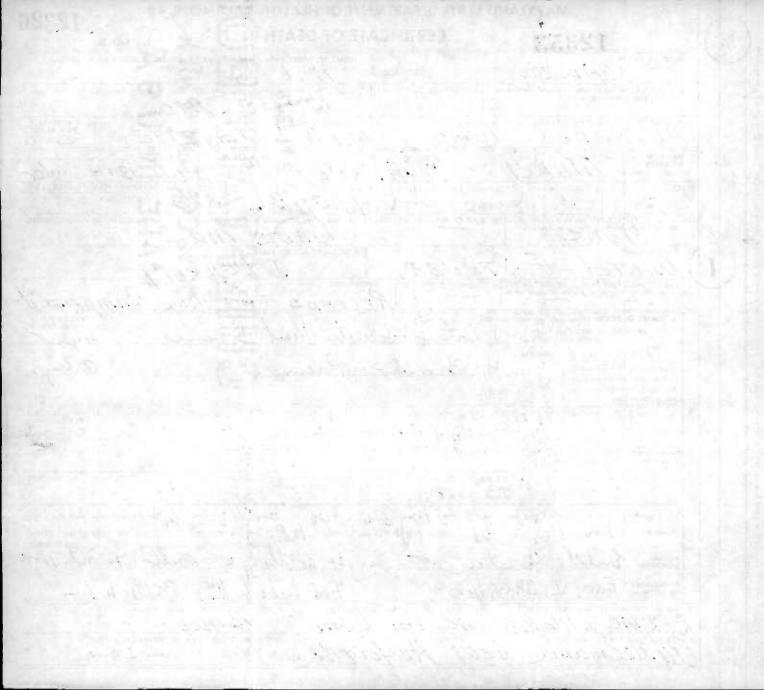
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 25

12352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEPI.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission)
n A	a. COUNTY	a. STATE b. COUNTY
IVI	b. CITY OR TOWN (if outside compared films; c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
	b. CITY OR TOWN (if outside comporate Thints, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	
	Middle Pilou	Middle Piver
1.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Middle River IS RESIDENCE
X	283 VANJERMOST LANG	283 Vandermast Lane
deat	3. NAME OF First Middla DECEASED	Last 4, DATE Month Dey Yeer
D Le	(Type or print) S. SEX Worth Jennings Pryor	DEATH 19 26 60 19 8. DATE OF BIRTH 19. AGE IN VALUE IN UNDER 1 YEAR IF UNDER 24 HRS.
ō	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
urs	WIDOWED DIVORCED	last birthday) Months Days Hours Min.
9	108. USDAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST	199 199 1213 2 (3/11)
72	dona during most of working lifa, avan if retirad)	
4	maintaince Dept of Education	Maryland
£ .	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2) Ira Pryor	Carrie Smith
2	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	INFORMANT Address
any	To	seph A Pryor 7886 Harold Ave 22Nd.
0	18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c).]	Seph A Pryor 1000 harold Ave Gardaterval Between
.a.	PART I. DEATH WAS CAUSED BY: (DD M/AN)	Occhusion ONSET AND DEATH
pue	IMMEDIATE CAUSE (a)	OCCED STORY
0	DUE TO 7	10 C 1/ X
гетома	Conditions, if any, which \ (b) Hipelluse	if C-V-Disesse -
10	gave risa to immadiata causa	
20	(a), stating the undarrying	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
. <u>ē</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
E	3	YES NO
cremation,	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part II of item 18.)
burial,	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Ve
2		ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)
0	Hour a.m. Whila Not Whila tay work at work	ctory, street, office bldg., atc.)
prior to		
	21. I certify that I took charge of the remains described above, h	eld an Autopsy, InspectionInquiry and in my opinion
ti.	death resulted from: Natural causes . Accident . Sui-	cide , Homicide , Undetermined manner
5	hann	CHIEF MEDICAL EXAMINER
D -	ACTUAL / / / AMS	ASSISTANT MEDICAL EXAMINER DATE SIGNED
ate	SIGNATURE	M.D.
Di .	EXAMINER'S Melvin R Davis M D 6800 Mornis	acton Road
designated egent,	EXAMINER'S Melvin B Davis M.D.6800 Mornin	Address (Streat, city, town, or county)
52	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5	burial Nov 29/60 Meadow Ridge	Cem Howard Co
10	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
13	Ullrich Funeral Home 2112 Dundalk Ave	DATNOV 2 8 '60 William & France
1	Total Carrier March Desirents NVO	I DAILE TO TO TO THE TOTAL A T





12354 CE

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	o. STATE	ENCE (Where decease Maryland	ed lived. If institution b. COUNTY	n: Residence before ad Baltimore	
RURAL and give n	If autside carporote limits, write earest tawn) Pikesville	e c. LENGTH OF STAY IN	c. CITY OR TO	January Park	orate limits, write RU	JRAL and give nearest	tawn)
OR INSTITUTION	TAL (If not in hospitol, give stro 607 Field Road		d. STREET AL	eld Road	1	0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First WILLIA	Middle T.	Lost REED	0.0	Nov.	/	Year 19 60
Male Male	T 71. + A.	ARRIED NEVER MARRIED [0.4 07		9. AGE (In years last birthday) 59 yrs.	Manths Days Ha	NDER 24 HR urs Min.
Ass't Vic	ON (Give kind of wark dane ling life, even if refired) e-President	Balto. Nation	al Bank Ba	altimore, N		12. CITIZEN OF WH	AT COUNTR
3. FATHER'S NAME				MAIDEN NAME			
John Reed	and the same and t		Mary	E			
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 1 218-07-6339	7. INFORMANT Mrs. Elear	or D. Reed	Addre 1-607 Fiel	d Road #8	3
Canditions, if a gave rise ta i cause (a), stating lying cause lost.	the under- (c)	1). Generaly	Charce Charce	nomatos	Paneren of	ONST	montes mon
8	HER SIGNIFICANT CONDITION					PE	REFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JKKED. (Enter nature at	injury in Port I or Po	rt II ar item 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	WI	d. INJURY OCCURRED 204 hile Not while wark of wark	e. PLACE OF INJURY (F foctory, street, office		y ar tawn)	(Caunty)	(Stot
21. I certify the	at (I) (this haspital) atte		at death accurred	1955, ta		d an the date sta	
220. SIGNATURE	I L. Chaml	an -	M.D. ATTENDING	DIRECTOR _	STAFF PHYS.	11/	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Earl L. Chan	hers -	22d. ADDRE	08 Liber	ty Hts	Batto . 7	- m
3a. BURIAL, CREMATIC REMOVAL (Specify Burial		23c. NAME OF CEMETER Loudon Pa	ry or CREMATORY rk Cemeter;		timore, Ma		(State)
telm.	ichner &	ADDRESS ADDRESS	d	250. REC'D BY REGIS		TRAR'S SIGNATURE	

may be recined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours ofter death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSE

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death. after haurs 72 page 3 shauld be detached for use as the burial-transit permit. any may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed remayal, and b burial, crematian, priar ta 00 registrar the

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VS A15 (4)

15M 9/58

MARYLAN	ND STATE DEPAR	TMENT OF HE	ALTH-BAL	TIMORE, 1	8	100	90
355	CERTIF	ICATE OF D	EATH		Reg. Dis	123	48
Baltimore	MARYLA	o. STATE	Maryland	d lived. If instituti b. COUNTY	on: Residenc	e before odm	ission)
utside carporate limits, wi est tawn)	rite c. LENGTH OF STAY IN	1b c. CITY OR TO	OWN (If outside corpo	prote limits, write R	URAL and g	ive nearest to	wn)
ngton			Mt. Washir	ngton, B	altimo	ore 9	
(If not in hospital, give single of Road	treet address)	d. STREET AD		Road			A FARM?
First	Middle	Lost	4. DATE OF	Mon	ith	Day	Year
Alfred	P.	Rehbein	DEATH	Novem		24	1960
COLOR OR RACE 7.	MARRIED NEVER MARRIED			9. AGE (In years last high-day)		YEAR IF UN	1
White win	DOWED DIVORCED [Nov. 14,	1875	85 yrs.	Months	Days Haur	s Min.
(Give kind of work dane g life, even if retired)	10b. KIND OF BUSINESS OR I		CE (State or foreign o	country)	12. CITIZ	U S A	COUNTRY?
	TIE CITTED	14. MOTHER'S A	4			UDA	
T. Rehbein			y Elizabet	th Haines			
N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		Add	ress		
yes, give war or dates or service)	218-32-2771	Mrs. Margar	et R. Bake	er 6070	Falls	Road	
WAS CAUSED BY:	per line for (o), (b), and (c).	ad In	lestin			INTERVAL ONSET AN	
DUE TO	0 1	1 81	11	-		110	

b. CITY OR TOWN (If o RURAL and give near Mt. Wash d. NAME OF HOSPITAL 6070 Fal NAME OF (Type or print) 5. SEX Male 10a. USUAL OCCUPATION during most of working Grocer 13. FATHER'S NAME Adam 15. WAS DECEASED EVER No 18. CAUSE OF DEATH PART I. DEATH Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underfying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work ot wark 1940 to monb4 19_6 Sthat I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at 5.304 M, from the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22a. 8URIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Warren. Baltimore Co., Poplar Grove Burial Nov. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D 8Y REGISTRAR Burgee Funeral Home 3631 Falls Road DATE NOV 2 8 '60

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Adem 2. compount
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in the haspital or attending physician.

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director led with	1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland		institution: Residence DUNTY Anne Aru	
The second	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write carest town)		c. CITY OR TOWN (If o	outside corporate limits,		
2 3 4 4 1	Fort Howa	.rd, Md. AL (If not in hospitol, give stre	19 Days	Pasadena		0 0	To occupance
050 75	OR INSTITUTION	Administration		d. STREET ADDRESS Route #2, Fe	irview Bea	ch	e. IS RESIDENCE ON A FARM? YES NO
l an	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
of the safe	(Type or print)	ALBERT	R.	REIMSNIDER		ovember	2 19 60
pletely fille	s. sex		RRIED NEVER MARRIED.	8. DATE OF BIRTH	9. AGE (In lost birt		YEAR IF UNDER 24 HRS. Days Hours Min.
papers. aurs afte			b. KIND OF BUSINESS OR INDI	September 27,			N OF WHAT COUNTRY?
anus pod	during most of work Carpenter	ing life, even if retired)	Railroad	Dorsey, Ma			S. A.
982	13. FATHER'S NAME			14. MOTHER'S MAIDEN			
can an ithin 72	Daniel Rei	msnider		Emma Bosto	m		
remar remar	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	, C	INFORMANT Linical Record	ls, VAH, Ba	Address Ltimore 18	, Maryland
please any e		TH [Enter only one cause per	line for (a) (b) and (c) 1	ort Howard Div	ision		INTERVAL BETWEEN
ple		TH WAS CAUSED BY:	MYOCARDIAL INFA	DONTON			ONSET AND DEATH
e de de	720	0	MIOCARDIAL INFF	TUCTION			1 MONTH +
\$	100	RYEXX					1011010101
ava ava	Conditions, if o		HYPERTROPHY AND	DILATATION O	F HEART		UNKNOWN
sit per	cause (o), stoting lying couse last.	AL DUETO	GENERALIZED ART	TERIOSCLEROSIS			UNKNOWN
ran,	PART II. OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
rial-l	ora my	ocardial Infar					YES NO
srtificate has been s as the burial-transit urial, crematian, ar	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Part II of item	18.)	
er this certificate has been signed for use as the burial-transit permitar ta burial, cremation, ar remay	20c. TIME OF INJUR Hour o. m. p. m.	Whi	4	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or town)	(Co	unty) (State)
ped		t 10 (this haspital) atte sed alive an 11/2/	nded the deceased fram	death accurred atp			
detach Health	22a. SIGNATURE	sed drive on	rana mar	death accurred dip	.w., from the cou	ses and an the c	22b. DATE
af H	Frede	in Son	Ma	M.D. PHYS.	ED. STAFF	⊡k	11/3/60
TO FUNERAL DIRECTOR: page 3 shauld be detact the State Board of Healt	22c. PHYSICIAN'S NAME (Type) FREDERTC	K S. DONALDSON	. M.D.	22d. ADDRESS VAH . BATTO.	18 MD FORT	HOWARD DI	VISTON
ot ot		N, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City.		(Stote)
Page 3 sh the State B	Burial (Specify)	5th Nov 1960	Meadowridge	Mem. Park	Howard	County, N	
5	24. FUNERAL DIRECTOR	SIGNATURE A	ADDRESS	25a. REC'	D SY REGISTRAR 25	b. REGISTRAR'S SIGN	MILITE
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1	19957	CERTIFICATE	OF DEATH	Reg	p. Dist. No. 1233()					
	1. PLACE OF DEATH O. COUNTS ALTIMORE	MARYLAND 0.	STATE Maryla	eased lived. If institution, Re						
	RURAL and give nearest town	940	Baltinor STREET ADDRESS	e City	3 V01-5					
514	d. NAME OF HOSPITAL (If not in hospital, give street oddress) SPRING GROVE STATE 3. NAME OF First	Hosp. 3	64 Mt. 0/1	vet Lane	•. IS RESIDENCE ON A FARM? YES NO					
	OECEASED (Type or print)	LOUISE	'D = 1 - 1 OF	ATH NO	Day Yeor 19 60 NDER 1 YEAR IF UNDER 24 HRS.					
	remale White WIDOWED	DIVORCED Ja	n.17,1879	8 / yrs. Mor	oths Doys Hours Min.					
1)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired) ### USE KEEPET 13. FATHER'S NAME		MISSOU	gn country)	2. CITIZEN OF WHAT COUNTRY?					
	Frederick Rein		AOTHER'S MAIDEN NAME	H Brueh	/					
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or doles of service) Unknown	SECURITY NO. 17. INFORM	spital	Record						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Declusion INTERVAL BETWEEN ONSET AND DEATH									
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (b) Arteri (b) Arteri (b) Arteri (c)	oseleroti	e Cardiova	scular Dis	ease llyears.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CAUSE OF DEATH OF CAUSE OF DEATH OF CHIEF, NOTIFY MEDICAL EXAMINER	ITING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X					
C		W INJURY OCCURRED, (Enter								
		CCURRED 20e. PLACE OF foctory, str	INJURY (Home, farm, 20f. eet, office bldg., etc.)	(City or town)	(County) (State)					
1	21. I certify that I attended the deceased from alive an Now 19, 1960	A	red at 3:30 PM,		at I last saw the deceased an the date stated above. DATE SIGNED					
	PHYSICIAN'S H. 1 - CHOLMON	DELEY.		-1-1-0-2						
8	REMOVAL (Specify) 1/ 22 100 AA	AME OF CEMETERY OR CREM	~ 1 /5	OCATION (City, town, or cou	nty) (State)					
D	23. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS	240. REC'D BY RED DATE NOV 2 2		'S SIGNATURE S. Kraus					
	3512 Frederick 9nx. (2	9)								

TO HOSE ILOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21/5 aurs after death. Page 4 may be coined by the hospital ar attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled has the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

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12358 CERTIFICATE OF DEATH

12331 Reg. Dist. No.

1. PLACE OF DEATH 3 altimore 19 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUJALJand give nearest town) Pt. 28 yws.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OMINSTITUTION 7317. N. DAKOTA AUE	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) AERMAN JACOB.	RESSLER DEATH NOV. 30 · 1960
Male White WIDOWED DIVORCED	B. DATE OF BIRTH Felt. 2. 1867. 9. AGE (In years fost birthday) 93 yrs. Funder 1 YEAR Funder 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Building	Butter Co. Jowa U.SA.
John B. Ressler.	Mancy Margarts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. go. of unknown) (It yes. give war or dates of service)	ura Levis address as in # 1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b) Levelyalize	Thrombosis Interval Between ONSET AND DEATH Schays
gave rise to immediate couse (o), stating the under. lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port fl of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
2 · m Hari	accurred at 8 P. M., from the causes and an the date stated above ADDRESS (Street, city as lown, stole)
PHYSICIAN'S LOUIS N. TOLLIN M	M.D. 6908 NORTH POINT Kd 11/30/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O Oaklawn	OR CREMATORY 22d. LOCATION (City, town, or county) Baltimore, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook Blight Inc. 6009 Harford Rd.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be Lained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled on by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papes. Pages I and 2 should be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours ofter death! s ofter death. Page 4 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 TO HOS VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TO HOSE recained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and the State Board at Health priar to burial, cremotian, ar removal, and in ony event, within 72 hours after death.

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VR A15 (4 15M 9/59

1. PLACE OF DE.		MARYLAND	2. USUAL RESIDENCE (W)	here deceased lived. If institution b. COUNTY	n: Residence before admission)				
Baltimor	OWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	Maryland						
RURAL ond	give nearest town)	C. LENGTH OF STAT IN IB	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Fort How	ard, Maryland HOSPITAL (If not in hospital, give street	105 Days	4337 York	Road (12) B	altimore				
OR INSTITU	JION		5-STREET ADDRESS		ts residence ON A FARM?				
	Administration Ho		#337 York		12) YES NO				
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	h Day Yeor				
(Type or print)	L EUNTINHAMA	F.	RITTER	DEATH November					
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Doys Hours Min.				
Male	White WIDOW	ED DIVORCED	September 22	,1895 65 yrs.	Main.				
10o. USUAL OCC	UPATION (Give kind of work dane 10b. of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Barber	- Unemployed	Barber Shop	Hungary		U. S. A.				
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME					
Frank	Ritter		Dora Myer	s					
15. WAS DECEAS		SOCIAL SECURITY NO. 17.	NFORMANT POOR	Addr	ess				
Yes	(If yes, give war or dates of service)	215 05 02281	linical Recor						
IB. CAUSE	OF DEATH [Enter only one couse per li		AH, BAITIMOTE	18, Maryland,F	INTERVAL BETWEEN				
100	I. DEATH WAS CAUSED BY:	QUAMOUS CARCIN	OMA DHARVNY	WITHH ARCECC	ONSET AND DEATH				
1 1	IMMEDIATE CAUSE (o)		E SOFT PART OF		8 MONTHS				
Carathur				r the neck					
	ta immediate	DEMA OF THE LU	NGO .		UNKNOWN				
	tating the under-	RIPAT STORE UR I							
Z lying couse	, (c)	CONTRIBUTING TO DEATH BUT	A LOT DELL'ITED NO NUE NEDIL	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	1 10 1115				
PART.	II. OTHER SIGNIFICANT CONDITIONS	LONI KIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORMED?				
5					YES NO				
OR CONTRIE	ENT WAS UNDERLYING A 20b. DES BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item IB.)					
20c. TIME OF		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(Caunty) (State)				
20c. TIME OF	p. m. 19 While of wor	IAOI MIIIE	ctory, street, office bldg., etc	.)					
	y that (1) (this hospital) attend	lad the deserved from	July 26 10	60 to November	3, 1960, that (we) last				
	eceased alive an Novembe		12:4						
22a. SIGNAT	TIRE	L_UIY_QQ, and that a	death accurred atA	M, fram the causes and	d an the date stated above.				
1	les h C Car	200	M.D. PHYS.	ED. STAFF RECTOR PHYS.	11/89KB				
22c. PHYSICI	AN'S	a Colfer-	22d. ADDRESS	RECTOR PHYS.	11/0/00				
FRE	DERICK S. DONALDSO	N, M.D.		IMORE 18, MD. 1	FT.HOWARD DIVISION				
23a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, o	r county) (Stote)				
Burial	Nov 11 1960	Parburad Con	notopu	Baltimone. 1	lanuland				
24. FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS	_	D BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE				
John A.	Moran 3000 E. Dal	timore St., L	Balto. DATE	NOV 1 4 '60	Titling & Kings				
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2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Maryland

b. COUNTY

123() DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MARYLAND

c. LENGTH OF STAY IN 1b

12333

Baltimore

			3	3-	est?
	attending physician and campletely filled on by the funeral director,	pleose remove carbon papers. Pages 1 and 2 shauld be filed with	in any event within 72 haurs after death.	I	
may be retained by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled on by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remover carbon papers. Pages 1 and 2 shauld be filled with	the State Board of Health prior to burial, cremotion, ar remaval, and in any event/within 72 haurs after death.		9

1. PLACE OF DEATH

Baltimore

Towson

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

a. COUNTY

LOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 and after death. Page 4

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3. NAM DECE (Type S. SEX Ma.) 100. USC dur Re1 13. FATH LOT 15. WAS (Yes, no. o	Le or print) Le out occupation ring most of work tired Vi HER'S NAME uis Roed S DECEASED EVER	N (Give kind of work ding life, even if retired)	7. MARRIED WIDOWED and 10b. KIND	Middle WILLIA NEVER MARRIE DIVORCEE	B. I	ROEDEL DATE OF BIRTH Dot. 2, 1883	or foreign count	Man NOT AGE (In years lost birthday) 77 yrs.	rember IF UNDER 1 Y Months Do	PES Day 17 EAR IF UN ys Hour	-
S. SEX Ma. 10a. USG dur Re 13. FATH Lou 15. WAS (Yes, no. of NO	le SUAL OCCUPATIO ring most of work tired Vi HER'S NAME uis Roed S DECEASED EVER	JOHN 6. COLOR OR RACE White N (Give kind of work ding life, even if retired) ce-Presider el	7- MARRIED WIDOWED Dane 10b. KIND	WILLIA NEVER MARRIE DIVORCEE OF BUSINESS O	B. I	ROEDEL DATE OF BIRTH Oct. 2, 188	OF DEATH 9. or foreign count	Not AGE (In years lost birthday) 77 yrs.	rember IF UNDER 1 Y Months Do	17 EAR IF UN	19 60 IDER 24 HRS 's Min.
MaJ 100. USG dur Re 13. FATH Lot 15. WAS (Yes, no. o	SUAL OCCUPATION fring most of works tired Vi HER'S NAME uis Roed S DECEASED EVER	White N (Give kind of work ding life, even if retired) ce-Presider	WIDOWED ane 10b. KIND	DIVORCES OF BUSINESS O	R INDUSTR	Oct. 2, 188	or foreign count	77 yrs.	Months Do	ys Hour	Min.
ls. was	ring most of work tired Vi HER'S NAME uis Roed S DECEASED EVER	ng life, even if retired) ce-Presider el			mpany				12. CITIZEN	OF WHAT	COUNTRY
Is. was	uis Roed						nore, Ma	ryland			
No.	S DECEASED EVER	IN II S ARMED FORCE				4. MOTHER'S MAIDEN I		ing			
18		f yes, give war or dates of ser	vice)	AL SECURITY NO.			TI-MILE.	Add		Terr	ace #
		TH {Enter anly one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	se per line for	(a), (b), and (c).	-	infarct	Lin 7 · A			INTERVAL ONSET AN	BETWEEN
go	onditions, if an ave rise ta in ouse (a), stating ting cause last. PART II. OTH	he under- (c).	Arte	RIBUTING TO DEA	ATH BUT NO	C-V L OT RELATED TO THE TERM On the C	Inal Disease Co	ONDITION GIV	'EN IN PART 1(PER	S AUTOPSY FORMED?
OR (IF	CONTRIBUTING EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year	20d. INJURY		20e. PLACE	Enter nature of injury in OF INJURY (Home, farry, street, office bldg., etc.	m, 20f. (City or		(Cou	nty)	(State
21. sav		t (I) (this haspital) ed alive an		he deceased		th accurred at		e causes an		ate state	
	c. PRYSICIAN'S NAME (Type)	to	De	Ž	M. E	22d. ADDRESS	RECTOR [STAFF PHYS.	R.L.	Tous	- M
Bus	JRIAL, CREMATION MOVAL (Specify) rial MERAL DIRECTOR	11/19/60		Loudon ADDRESS		Cemetery	Baltim 'D BY REGISTRAI	ore, Ma			tate)

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MARYLAND STATE DEPARTMENT OF HEALTH 1236 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12334

1. PLACE OF DEATH a. COUNTY	Baltimore		MAR	(LAND	2. USUAL a. STAT		nere deceased	d lived. If institut b. COUNTY		before	e odmis	sion)
b. CITY OR TOWN RURAL and give	(If autside carporate liminearest town) Balto.Co		c. LENGTH OF STAY		c. CITY	Balto.		rate limits, write	RURAL and	give nec	arest taw	n)
d. NAME OF HOSP OR INSTITUTION	1317 Tayl		address)		/	et address 17 Tay	lor A	lve	4		ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Josep		Middle	Rol	.p	Last	4. DATE OF DEATH	Ма		Do		Year 1960
5. SEX			NEVER MARRI	ED 🔲 8.	DATE OF	BIRTH 5.1904		9. AGE (In years last birthday) 56 yrs	Months	1 YEAR Days		ER 24 HRS Min.
10a. USUAL OCCUPAT during most af wa	ION (Give kind of work lirking life, even if retired Bethlehem	dane 10b.	KIND OF BUSINESS C		RY 11. BIR		ar foreign c		1	IZEN OF	WHAT	COUNTRY
		Rol	f				mown					
15. WAS DECEASED EV (Yes, no, or unknown)	(ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		ORMANT	rnon K	lane,		ders	Rd	•	
Canditians, if gave rise to couse (a), stating lying cause lost	immediate g the <u>under-</u> (c)										
FICATION ACCIDENT N	THER SIGNIFICANT CON		CRIBE HOW INJURY O	Sh.					VEN IN PAR	(1 1(a) 1	PERFO	ORMED?
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye		NJURY OCCURRED Not while	20e. PLA	CE OF INJU	JRY (Hame, farm affice bldg., etc.	n, 20f. (City		(Caunty)		(State
	at (I) (this haspital		led the deceased	that de	ath occu	IDING _ MI	M, from	the causes a		e dote	stated 22	2b. DATE SIGNEI
REMOVAL (Specif Burial		0	23c. NAME OF CEM Morelan ADDRESS mondson		CREMATO	al Cem	D BY REGIST		ar county)			te)

TO HOSP VR A15 (4) 15M 9/59

. 407 and the second s Company of the Compan 7108 The are the following the money and the first and the firs The second sections of the second sec The state of the s

RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITA 3. NAME OF DECEASED (Type or print) Anna				2. USUAL RESIDENCE	(Where decease		on: Residenc	e befor	re admiss	ion)		
a. COUN		ltimore		MARYL	AND	a. STATE Ma	ryland	b. COUNTY			A	-
b. CITY C	OR TOWN (IF	aulside carparate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	I (If outside carp	orate limits, write R	URAL and g	ive nea	rest tawr	n)
				2yr8mthldy		Bol	timore		3V	0	1 -	12
d. NAME	OF HOSPITA		ive stree			d. STREET ADDRES					e. IS RES	IDENCE
SPIN	STITUTION							. 75.4			ON A	FARM?
				OLT INT			02 Eutar	W Place			163	NO X
3. NAME O DECEASE	F D	Fir	st	Middle		Last	4. DATE	Man	th	Do	У	Year
		Anr	12			Roosz	DEATH	Novembe	er	5,		19 60
5. SEX		6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED		. DATE OF BIRTH	- 75	9 AGE (In years	IF UNDER		-	1
fen	ale	white	WIDOV	VED NO DIVORCED		June 10.	1877	Sast birthday) yrs.	Manths	Days	Haurs	Min.
10a. USUAL	OCCUPATIO	N (Give kind af wark	dane 10t	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (S	State ar fareign o	cauntry)	12.CITIZ	ZEN OF	WHATC	OUNTRY
3		-)			Bud	apest		T	June	10 201	1
13. FATHER'S	Sewife)			-		4		1	Hung	ary	
13. FAIRER						14. MOTHER'S MAID						
	Unkno	WII				Unkno	wn					
15. WAS DE		IN U. S. ARMED FOR		S. SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
	nown	, , , , , , , , , , , , , , , , , , , ,		unknown	Rec	ords: SPR	ING GRO	OVE STAT	R HOS	SPIT	AT.	
18. CA	USE OF DEAT	TH [Enter only one co	use per	line far (a), (b), and (c).]							RVAL BE	TWEEN
		H WAS CAUSED BY:								ONS	ET AND	
	IMMEDIATE CAUSE (o) Brongnopneumonia L Week											
20	Ta 2	DUE TO										
	itians, if an)	Arterioscle	rot	ic_cardiova	ascular	disease	M. A.L.		yea	rs
	rise to in (a), slating t		,									
	cause last.	10)	Generalize	d a	rterioscler	msis				yea	rs
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
CATION				The West	70							RMED?
	YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)											
20g. AC OR CON (IF EITH	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
					20 01 1	Se of William (1)	i lass in					
	aur a.m.	Manth, Day, Ye	or 20d. Whil			CE OF INJURY (Hame, ory, street, office bldg.		y or town)	(C	ounty)		(State
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after death. Page 4

in by the funeral director, and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. erained by the haspital or attending physician.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

1.	PLACE OF DEATH a. COUNTY	Baltimo	re	MARYL	AND	2. USUAL RE o. STATE	Mary]		d lived. If institut b. COUNTY		ce befar	e admiss	ion)
	b. CITY OR TOWN (If RURAL and give neg	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 16	c. CITY O	R TOWN (If	outside corpo	orate limits, write I	RURAL ond g	give nea	rest town)
	Catonsvil.			Lyt6mthl4dy	75	Balti	more		- 3	VO	1	-	4
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS	1997			1	. IS RES	FARM?
	SPRING GRO	OVE STATE	HO	SPITAL		2	2445 Ca	allow	Avenue				NO D
3.	NAME OF DECEASED (Type or print)	Fin Martha	st	Middle		Ros	Last	4. DATE OF DEATH	Mov emb		Day		reor 19 60
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	emale	white	WIDOW				10, 190)3	Jost birthdoy) 57 yrs.	Manths	Days	Hours	Min.
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13.	FATHER'S NAME	e - waitit	55			14. MOTHER	S'S MAIDEN I			-			
	Harry G	reenberg				Re	se Lor	nder					
	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17, IN	FORMANT	706 101	1001	Add	fress			
	rs. no, or unknown) (I	f yes, give war or dates of s	ervice)	unknown	Red	cords:	SPRII	IC CR	OVE STA	TE HO	SPI	I' AT.	
H		TH (Enter only one or		ine far (a), (b), and (c).]	1 200	coras.	OTILAL	10 010	OIA OIA	110		RVAL BE	TWEEN
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	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OC	CURRED	. (Enter noture	e of injury in	Port I ar Poi	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. While	Not while		CE OF INJURY lory, street, off			y or town)	(0	County)		(Stote)
	21. I certify that	(I) (this haspita	i) atten	ded the deceased t	from	April	26 - 10	56 ta	Nov. 10	1960	2_, th	at (1) (we) last
	saw the decease	ed alive anN	ov.	10 19 60 and	that de	eath accuri	red al _a_	M, from	the causes a	nd on the	date	stated	abave.
	22a. SIGNATURE	3		caster		A.D. ATTEND	ING M	ED.	STAFF PHYS.		L -1 0	221	SIGNED
	22c. PHYSICIAN'S NAME (Type)				11/3	22d. ADI		SPRING		STATE	H	OSPI	AL
	INAME (Type)	Stella Wa	cnst	er, M. D.			(Catons	ville 28	, Mary	rlan	d	
23	REMOVAL (Specify)	1/-13 -	OF CO	23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOCA	THON (City, town,	or county)	3	(Stat	pr
24	TUNERAL DIRECTOR'S	PSIGNATURE)	2	ADDRESS S	tai	SPQ.	25a. REC	D BY REGIS		ISTRAR'S SIC	SNATUE	E	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12337

CERT	IFICA	TE O	F DEA	TH

	o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: Residence and b. COUNTY	e before admission)
-	CITY OR TOWN (I	f outside corporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RURAL and g	ve nearest town)
	Cato	ns ville	20 days	Baltimore	3	V01-4
	d. NAME OF HOSPIT	AL (If nat in hospital, give street	address)	d. STREET ADDRESS	Maria de la composição	e. IS RESIDENCE ON A FARM?
	SPRING GI	ROVE STATE HO	SPITAL	5612 Wes	ley Avenue	YES NO
	NAME OF DECEASED (Type or print)	First Aaron	Middle	Rudolf H	4. DATE Month OF DEATH NOV	Day Year
5. 9	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
	male	white widow		1803?	57 yrs. Months	Doys Hours Min.
10a	. USUAL OCCUPATION during most of work	DN (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of unknown	PP 1 Fall	EN OF WHAT COUNTRY? IKNOTUN WS A
13.	FATHER'S NAME	1/		14. MOTHER'S MAIDEN NA	ME	
	unknow	Herman)	unkno	un augusta	
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	FORMANT	Address	
	nknown		unknown R	ecords: SPRIN	G CROVE STATE HOS	SPITAL
	18. CAUSE OF DEA	TH [Enter only one cause per li		COULAR HE	inentials.	INTERVAL BETWEEN ONSET AND DEATH
	1.1	IMMEDIATE CAUSE (a)	CEREPROVI	SCHLAR TEN	TUKKHAGIE	
ij	33)	DUE TO AP	TERIOSCLEROTIC	VASCULAR HY	DEPLIENSIVE DISENS	it.
44	Conditions, if o					
-	gave rise to it cause (o), stating		TENTERAL DE	BILITY		
	lying couse last.	(c)				
CATION	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Year 20d, I While at wo	Nat while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town) (C	ounty) (State)
	The Sales of the Land	t (I) (this hospital) attend	ded the deceased from	Oct. 14 196	0 . to Mai 5 196	2, that (I) (we) lost
	sow the deceos	1//1/		10 . H	M, from the causes and on the	
	22a. SIGNATURE	Patrick K.	Up	ATTENDING _ MED		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	PATRICK K	YIP	22d. ADDRESS SPI	RING GROVE STATE	HOSPITAL
					Catonsville 28, Mar	
230	REMOVAL (Specify)		23c. NAME OF CEMETERY C	R CREMATORY 2	23d. LOCATION (Gity, town, or county)	Mission (Stole)
24.	COLL J	SSIGNATURE for	2100 Gut	DATE NOV	BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be execumay be recaired by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capage 3 should be detached for use as the burial-transit permit. Then please remaye carbon pathe State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hour VR A15 (4) 15M 9/59

DECEASED)
d. NAME OF HOSPITAL (If not in bospital, give street address) veterans Administration Hospital 3. NAME OF DECEASE (Iype or print) 4. DATE OF BIRTH November 1. DATE OF BIRTH November 1. DATE OF BIRTH Nonth North	
OR INSTITUTION Veterans Administration Hospital 3. NAME OF DECLASED (1) PEARL OCCUPATION Give kind of work done low. USUAL OCCUPATION Give kind of work done low. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Slobe or foreign country) 100. USUAL OCCUPATION Give kind of work done low. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Slobe or foreign country) 110. USUAL OCCUPATION Give kind of work done low. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY MARKED ORCES? II. SOCIAL SECURITY NO. IV. MOTHER'S MADIEN NAME 13. FATHER'S NAME 14. MOTHER'S MADIEN NAME 15. MAS DECEASED EVER IN U. S. ARMED ORCES? II. SOCIAL SECURITY NO. IV. INFORMANT CLINICAL Records Address VAH, Baltimory, which gove rise to immediate course (pt.) give word odder of services in marked low. CARCINOMA OF THE RIGHT LUNG WITH METASTASIS 16. CAUSE OF DEATH [Enter only one course per line for (pt.)], by marked DATE LECTASIS OF THE RIGHT LUNG 17. INFORMANT CLINICAL RECORDS 18. CAUSE OF DEATH [Enter only one course per line for (pt.)], by marked DATE LECTASIS OF THE RIGHT LUNG WITH METASTASIS 18. CAUSE OF DEATH [Enter only one course per line for (pt.)], by marked DATE LECTASIS OF THE RIGHT LUNG 19. MARKED ACTELECTASIS OF THE RIGHT LUNG 19. MARKED ACTELECTASIS OF THE RIGHT LUNG 19. MARKED ACTELECTASIS OF THE RIGHT LUNG 19. WAS A PERFORMANT (Fine Note of Injury in Port 1 or Port II of Item 18.) 20. ACCIDENT WAS UNDERLYING 200. INJURY OCCURRED (Enter noture of Injury in Port 1 or Port II of Item 18.) 20. CONTRIBUTING CAUSE OF DEATH While Not while Of work of or work in or of work in or or or of or	
3. NAME OF DECRASED IN THE PROPERTY OF SACKALOSKY 3. NAME OF DECRASED IN THE PROPERTY OF SACKALOSKY 4. DATE OF DEATH NOVember 16 1 5. SEX	RM?
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVEMBER NOVEMBE	K 01
Comparison Com	or
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21. 1 certify that (IX(this haspital) attended the deceased from Oct. 7 100, to Nov. 16, 160, that (1)	(Stote)
The second may find making member in deceased main	1 1000
saw the deceased alive on Nov. 16. 19.60, and that death occurred of A.M., from the causes and on the date stated	
220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DI	6/60
22c. PHYSICIAN'S NAME (Type) FREDERICK S. DONALDSON, M.D. 22d. ADDRESS VAH, BALTIMORE 18, MD.FT. HOWARD DIVIS	ON
230. BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stoke	
Burial Nov. 21-1960 Holy Redeemer Cemetery Baltimore Marylan	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY, REGISTRAR'S SIGNATURE Chilling St. Balto. Md. Date	

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. 1	USUAL RESIDENCE (WI D. STATE Mary)		ed lived. If institution b. COUNTY	100	e before od	mission)
b. CITY OR TOWN (I RURAL and give no Tows		its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF I	outside corp		A V	ive nearest t	town)
d. NAME OF HOSPIT	AL (If nat in haspital, g	give street			d. STREET ADDRESS		Maria Company		e. IS	RESIDENCE N A FARM?
or institution Stella	Maris Hos	pice			321 Tuni	oridge	Road			NO A
3. NAME OF DECEASED (Type or print)	Fii A	lma	Middle	S	antry	4. DATE OF DEATH	Mon Nove		Day	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		10/14/1889		9. AGE (In years last birthdoy) 71 yrs.	-	Days Ho	NDER 24 HRS
Oa. USUAL OCCUPATION during most of world Housev	king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY			country) Maryland	12. CITIZ	U.S.A	AT COUNTRY?
3. FATHER'S NAME	7110			14	. MOTHER'S MAIDEN I		2302,) 20110		0 0 0 0 11	
	Otis B. Ma	rchar	nt		Sal	lie L.	. Shaw			
	R IN U. S. ARMED FOR Ilf yes, give wor or dates of s		SOCIAL SECURITY NO. 17.	INFOR	MANT Admission	n reco	Add	ress		
NO CAUSE OF DEA	mu fr		ne for (o), (b), and (c).]						LINITERVAL	L BETWEEN
Conditions, if o gove rise to i cause (o), stating lying couse last.	the under-	o)	ASCVD	UT NOT	DELAYED TO THE TERM	UNIAL DISEA	SE CONDITION OF	VENT INT BART	1(-) 18 W	AC ALITOPCY
CATIC								PEN IIN PAKI	PE	RFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter nature of injury in	Part I or Pa	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While at wor	_ Not while _	PLACE (foctory,	OF INJURY (Home, farr street, affice bldg., etc	n, 20f. (Ci	ty or town)	(C	ounty)	(State
saw the decea	,,,	1) attend /19/	ded the deceased fram		7.55	A M	NOV.			
22o. SIGNATURE	Cobert	m	rihm	M.D.	PHYS. D	NED.	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Ro	bert	Mahon, M.D.		22d. ADDRESS 602 E	. Jopp	oa Rd. To	wson,	Md.	
23g. BURIAL, CREMATIC REMOVAL (Specify) BULLAL	23b. DATE THERES		23c. NAME OF CEMETERY New Cathedra				ATION (City, town, ltimore,			(State)
24. FUNERAL DIRECTOR	SSIGNATURE		ADORESS			D 8Y REGIS		STRAR'S SIG		

may be refained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be sided with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

after death. Page 4

TO HOS VR A1S (4) 1SM 9/59

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11 11 11	And the said			Carle Mary	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12368

CERTIFICATE OF DEATH

Rea. Dist. No.

PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harbor View	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harbor View
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 501 S. 48th St.	d. STREET ADDRESS 501 S. 48th St. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
NAME OF First Middle DECEASED (Type or print) JOHN MICHAEL SCHMIDTMAN	Lost 4. DATE Month Doy Year OF DEATH November 27, 19 60.
The state of the s	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Iost birthdoy) 77 yrs. Months Days Hours Min.
	Augusta Gransey
ss. no, or unknown) (If yes, give wor or dates of service)	rederick M. Schmidtman Balto. 12 Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last. (c)	In Hent Disence Ismula
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Mour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or Jown) (County) (Stole) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from S/15/ alive on 18/18/60, 19 and that death ACTUAL SIGNATURE PHYSICIAN'S ROBERTON. PAGE (Type) ROBERTON.	occurred at 1 3 P.M., from the couses and an the date stoted obove. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Bult 2), M. d.
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Pelto
	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown) Hardor View d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 501 S. 48th St. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White Widowed Divorced Divor

may be Lineably the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled havy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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Cemetery

Balto

25a. REC'D BY REGISTRAR

DATENOV 1 8 '60

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

Woodlawn

8728 Liberty Road

Randallstown. Md.

ADDRESS

0 VR A15 (4) 15M 9/59

REMOVAL (Specify)

24. FUNERADDIRECTOR'S SIGNATURE

Nov. 16,1960

OR

after death.

that the death certificate be executed

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12370

12344

	1. PLACE OF DEATH a. COUNTY			MARY		usual RESIDENCE g. STATE Maryland	CE (Where de	eceased liv	b. COUNTY	on: Reside	nce befo	re odmissi	ian)
	b. CITY OR TOWN (I	f outside carporate limits,	write c	LENGTH OF STAY	IN 16	c. CITY OR TOW		carporate	limits, write R	URAL and	give nec	arest town)
	Fort Howard	earest tawn)		78 Days	5.	Catonsv	ille -	28					
	d. NAME OF HOSPIT	AL (If nat in hospital, giv	e street ad	Idress)		d. STREET ADDR	RESS					e. IS RESI	
0	Veterans A	dministratio	n Hos	spital		211 Fore	est Sp	ring	Lane				FARM?
	3. NAME OF DECEASED	First	מקו	Middle	CO	Lost)F	Man		Do	'	fear 60
	(Type ar print)	RODG		G.		HULL	D		Novembe		8	IF UNDE	960
-	S. SEX	6. COLOR OR RACE	- MARRIE	DEVER MARRIE	ED B. D	ATE OF BIRTH		9.	AGE (In years last birthday)	Manths	Days	Hours	Min.
	Male	White	WIDOWED	DIVORCE	P 🗆 No	ovember.	12,192	5 3	34 yrs.				
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	13. FATHER'S NAME				1.	. MOTHER'S MA							
	0	Mah				Charlot	to F	Fri 75	76]				
Ы	George G.	R IN U. S. ARMED FORCE	ES? 16: SC	OCIAL SECURITY NO	. 17. INFOR		OC 13.	T. T. T. C. C.	Add	ress			
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	731	L DUE TO											
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	Treden	ieles. Ve	mai	blen	M.D.	PHYS.	DIRECTO	OR 🗆	STAFF PHYS.	250		11/9	3760
	22c. PHYSICIAN'S					22d. ADDRESS							
	FREDERIC	CK S. DONALL	SON,	M.D.		VAH BAI	TIMORE	C 18 1	MD. FOR	T HOI	MARD	DIV.	ISIO
1	23a. BURIAL, CREMATIC	N. 23b. DATE THEREOF		23c. NAME OF CEM	ETERY OR C				N (City, tawn,			(State	
1	REMOVAL (Specify)	11-11-196		U.S. Natio								_	
10	24 FUNERAL DIRECTOR			ADDRESS	nial_	26.	a. REC'D BY	BEGISTRA	25b. REGI	STRAP'S S	-	rland	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Baltimore o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (It outside corporate limits, write RURAL CLENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Catonsville 29 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 215 Westowne Road Ft. Howard Veterans Admin. Hospital YES NO T NAME OF Middle DATE Month Day Year DECEASED (Type or print) SEBRA DEATH PAUL November 26 1960 ERNEST For 5. SEX 6. COLOR OR RACE 7. MARRIED ANNEVER MARRIED TI B. DATE OF BIRTH 9. AGE IIn years IF UNDER TYEAR IF UNDER 24 HRS. out birthday) 2 with the Months Hours Male White WIDOWED [DIVORCED T March 27. 1903 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Advertising Salesman Virginia pe 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME Anna Sebra poges James Sebra Poges 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Yes World War II Mrs. Erma W. Sebra-215 Westowne Road PM3 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which pencil Buo gove rise to immediate couse DUE TO (o), stating the underlying couse fast 2 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? pending YES 🗍 NO I 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW MIJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ertificate, writing the ward 'I to the Chief Medical Exami 20d. MJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) MEDIC White o. m. Not while at work of work p. m. 21. I certify that I taak charge of the remoins described above, held an Autapsy Inspection I Inquiry and find that death resulted-fram: Natural causes A Accident Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S M.B. DAVIS NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Loudon Park Cemetery 11/29/60 Baltimore, Maryland Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Wm. V. Lichner 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DE. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page b. COUNTY is necessary, Healt MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town? for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Board retained State NAME OF Middla DECEASED OF DEATH the (Type or print) hours efter with 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED may last birthday) Months WIDOWED V DIVORCED N 24 hours after ge 5 and 2 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY PM3. Page 72 done during most of working Jifa, aven if retired) France VVI Centracter pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wit EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give war or datas of servica With any . 2-53. This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), 2 Office along burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gava rise to immadiata causa "pending" m Medical Examiner's DUE TO (a), stating the undarlying SE O nsed cause last. cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 3 ease execute the certificate, writing the word pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Pert II of itam 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. were should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) factory, street, office bldg., atc.) 0 Whila Not While sul at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER D. Caples designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE A.T NAME (Typa) Address (Streat, city, town, or county) DEF 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH Q40 ò Good Shepherd Ellicott Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus F.C. Higinbothom, Ellicott City, Md SM 7/59

e. IS RESIDENCE ON A FARM?

YES NO

196-6

Year

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO X

(State)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

24

(County)

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e. IS RESIDENCE

Day

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Days

U. S. A.

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN 10 DAYS

YES NO

Year

1960

PERFORMED? YES INO

weeks

(County)

18, MD. FORT HOWARD DIVISION

(Stote)

saw the deceased glive an November 100 60, and that death accurred at A. M. from the causes and on the date stated obove. 22a. SIGNATUR

ATTENDING M.D. PHYS.

22d. ADDRES

MED.

STAFF PHYS.X

22b. DATE 10760

22c. PHYSICIAN'S FREDERICK S. DONALDSON, M.D. Burial (Specify)

23a. BURIAL, CREMATION, 23b. DATE THEREOF /14/60

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial

23d. LOCATION (City, town, or county) Anne Arundel County

b. COUNTY

November

YES.

Address

Months

(Stote) Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250. REC'D RYCHEGISTRAR 60 256. REGISTRAR'S SIGNATURE C. S. Tursus DATE

Tickner North and Penna. Avenues, XX

Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12217 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

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H .										keg. Dist.	140.	
1.	PLACE OF DEATH o. COUNTY	Baltimore		MARY		o. STATE	Md.	ere deceased liv	ed. If institut b. COUNTY		before admi	ission)
	b. CITY OR TOWN RURAL ond give Reisters		ils, write c	LENGTH OF STAY	IN 1b	c. CITY OR TO Reiste		ulside carporale WN	limits, write f	RURAL ond giv	e nearest lo	wn)
	OR INSTITUTION	ITAL (If not in hospital, in alls Road	give street ad	dress)		Glenn		Road			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Oliver	rst	Middle A •		Shipl	ey	4. DATE OF DEATH	Nov.		Day 960	Year 19
S.	sex Male	6. COLOR OR RACE White	7. MARRIES	DIVORCE		pate of Birth arch 16			AGE (In years ast birthdoy) yrs.	Months D	YEAR IF UN loys Hour	
	during most of we	ION (Give kind of work rking life, even if retired rom State R	1)	ND OF BUSINESS O	R INDUSTR		ce (Stote o	-	(7)	12. CITIZI	N OF WHAT	COUNTRY?
13	John L.	Shipley				14. MOTHER'S Ma	nnie Maiden N	AME	Cook		T'S	
15 {Y	. WAS DECEASED EN	ER IN U. S. ARMED FOI	service)	None		· Clara	D.V.	Shiple		sterst	own, M	d.
	Canditions, if gove rise to couse (a), statin lying couse last	the <u>under-</u> DUE TO	Arte	ulmonar; rioscle:			Lo-Ve	ascula	Dise	ase	yea:	rs
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		/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY O	CCURRED.	(Enter noture of	injury in F	Port or Port	of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	20d, INJI While at wark [URY OCCURRED Nat while of wark		E OF INJURY (H ry, street, office			town)	(Co	unty)	(State)
	alive an NO	Nurth E. Vartn E.	560	, and that		ccurred at_ o. <u>48</u> N	7 P.		causes ar	nd on the , state)	date state	
22		ON, 22b. DATE THERE	OF :	22c. NAME OF CEM		REMATORY		22d. LOCATION		or county)	(St	ate)
4	Dallar	140 V • 20 9	7700	MESONITI	MACT	Cellienct	V	110 C D VII		A 1114A		

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registror priar to burial, cremation, or removal, and it any event within 72 bours ofter death. s after death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 1SM 9/SB

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	19974	CERTIFICA	ATE OF DEATH		Reg. Dist. No	14020
1. PLACE O o. COUN		MARYLAND	2. USUAL RESIDENCE (Who		OUNTY D	ore admission)
b. CITY C RURAL	OR TOWN (If outside corporate limits, write and give nearest town) RURAL - RESEDAL	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF OU	0	write RURAL and give no	earest town)
d. NAME OR IN	STITUTION 7911 Shirkle	y Au	17911 SL	irley A	Lue.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	D AA	L. Middle St	Lost	4. DATE OF DEATH NC	. 17	1960
5. SEX	6. COLOR OR RACE 7. MARR WIDOWE	ED NEVER MARRIED DIVORCED DIVORCED	189 Meu. 23, 189	9. AGE (In lost birth		R IF UNDER 24 HRS. Hours Min.
10a. USUAL during	OCCUPATION (Give kind of work done 10b. most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of		12. CITIZEN C	SA.
13. FATHER:	LAUK A. Schwa	lenberg	14. MOTHER'S MAIDEN NA Helen	1	e unknown)	
15. WAS DE (Yes, no, or uni		SOCIAL SECURITY NO.	RUNK A. SKIN	men 7911	Shirle	Ave
Condi gove couse	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO DUE TO (b) Tise to immediate (o), stoting the under- couse lost.	arcinoma metastasa metastasa	(/	el bladde Lon 8/1;	ON	TERVAL BETWEEN
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
□ OR CO	CCIDENT WAS UNDERLYING (20b. DESC NTRIBUTING (2005) CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item	18.)	
	LE OF INJURY Month, Doy, Year 20d. In our o. m. Year p. m. 19 While of work	Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
	IAN'S	, and that death	accurred at 8:00 f			
	CREMATION, 22b. DATE THEREOF	Mew Cath	R CREMATORY	Baltimen	town, or county)	(Stote)
23. FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS Chosaco	24g. REC'D DATE NO	100	REGISTRAR'S SIGNATU	JRE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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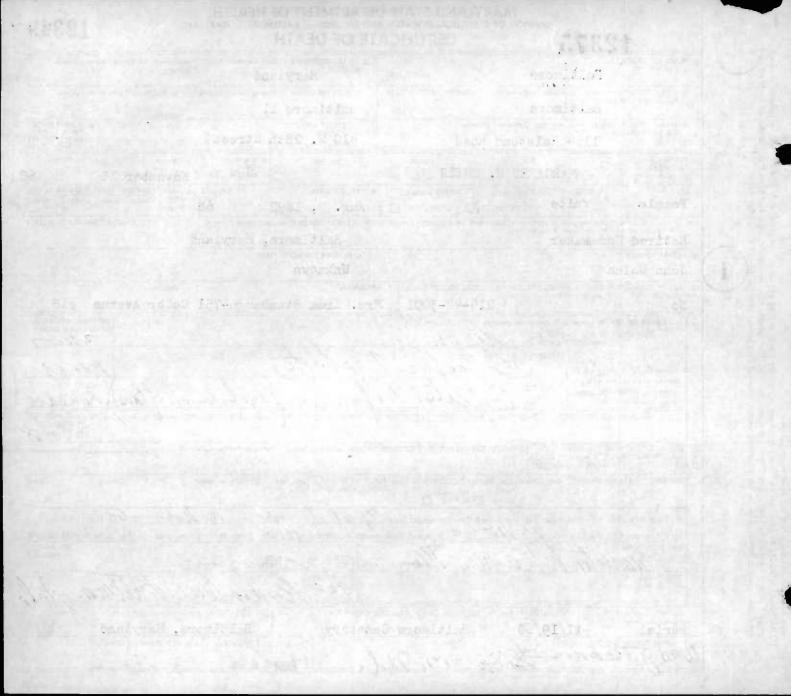
1. PLACE OF DEATH D. COUNTY	Baltimore		MARY	AND	2. USUAL RESI	Maryla		d lived. If inst b. COU		dence befo	ore admission	on)
b. CITY OR TOWN (RURAL and give n	If outside corporate limit earest town) Baltimore	s, write	c. LENGTH OF STAY	N 16		TOWN (If or		rate limits, wri	te RURAL a	nd give ne	arest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g 1134 Hals				d. STREET / 410 W	DDRESS 28th	Stre	et			e. IS RESII	FARM?
3. NAME OF DECEASED (Type or print)	MARGARI		SMITH Middle		Lo	st	4. DATE OF DEATH		Month vembe	r 15	oy Ye	eor 9 60
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIE		Aug. 9			9. AGE (In ye last birthdo			Hours Hours	Min.
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13. FATHER'S NAME					14. MOTHER'S		IAME	J. Francis				
John Dolch	h		2000		Unkn	own					- 4	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT				Address			
No			14-40-3001	M:	rs. Irm	a Stam	baugh	-751 Ca	tor A	venue	#18	8
Conditions, if gove rise to i cause (o), stating lying couse lost. PART II. OT	mmediate (DUE TO	Car	leific leits ontributing to DEA			(PARIA(O)	3 Mean Rear Yes 19. Das A PERFOR	
	CAUSE OF DEATH	200. 0230	KIBE HOW HAJORT OF	CORRED.	(ciner notore o	or injury in t	011 1 01 101	i ii di nem ib.				
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yeo	While	JURY OCCURRED Not while at wark		CE OF INJURY ory, street, office			or town)		(County)		(Stote)
21. I certify the saw the decea 22a. SIGNATURE 22c PHYSICIAN'S NAME (Type)	ruten h/4	edi	/ -	that de	ath accurre D. ATTENDIN PHYS. 22d. ADDR	RESS ME	ED. RECTOR RECTOR	STAFF PHYS. D	and an	The date		
23a. BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEME			F-1		TION (City, to			(State	}
Burial	11/19/6	0	Baltimor	e Ce	netery			timore				
Um. J. U	CANCEL TE	Don's	ADDRESS - 17.	n s	1		BY REGIST		EGISTRAR'S			

may be canned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	TIMORE CO.		MARYL	AND	2. USUAL RESIDENCE a. STATE	(Where deceased	d lived. If instituti b. COUNTY	on: Residence be		ision)
		(If outside corporate limi learest town)	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN		rate limits, write R			m)
		TAL (If not in hospital, g		address)		d. STREET ADDRES		ROAD		ON	SIDENCE A FARM?
H						7		TORD		1 .50 [- 40
3.	NAME OF DECEASED (Type or print)	Fir MIRL		Middle F.	5	NYDER	4. DATE OF DEATH	NOVEMBI		Day	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years last birthday)	Manths Days		T
	FEMALE	WHITE	WIDOW	ED DIVORCED	OF	EBRUARY 8.	1891	69 yrs.	Manths Days	Hours	Min.
10	a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF			tote ar foreign c		12.CITIZEN	OF WHAT	COUNTRY?
H	DUSEWIFE	rking life, even if retired		OWN HOME		MARYLAN	m		TT.	SA	
	. FATHER'S NAME			OHI HOPE		14. MOTHER'S MAIDE					
h	VILLIAM E.	STEVENS IND	LDMEY	TER.		HANNA	E. NIN				
	(es, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or doles of s		SOCIAL SECURITY NO.	17. INF	ORMANT		Add	ress		
	NO	NONE		1		FAMILY R	ECORDS				
	PART I. DE. Had O Conditions, if of gove rise to cause (a), stating	immediate (X	y feele	72.	y C	Pro/s	lis de		OV	
CEPTIFICATION	lying couse lost. PART II. OT		11	CONTRIBUTING TO DEA	TH BUT N	TOT RELATED TO THE TI	ERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(o)	WAS PERF	AUTOPSY ORMED?
		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury	y in Port 1 or Par	t II of item 1B.)			
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Yes	or 20d. I While at wor	Not while		CE OF INJURY (Home, pry, street, office bldg.,		or town)	(Caunt	у)	(Stote)
	21. I certify the	M.	attende	ded the deceased to 29 19 60 and		ath accurred a	19.4.7.tol P.M. fram	the causes or			
	220. SIGNATURE	all 5	100	Junel	P M	.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/10	2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	harles	F.(O'Donn	ve/	22d. ADDRESS 12501	17/0	MG	Pd- 7.	445	nd
2	BURIAL CREMATIC REMOVAL (Specify BURIAL)		F	23c. NAME OF CEME BALTIMOR		CREMATORY PIONAL CEM.		TION (City, fown,	or county)	(Ste	ate)
2	LEUNERAL DIRECTO	S SIGNATURE	1	ADDRESS		250.1	REC'D BY REGIST		STRAR'S SIGNAT	-	
1	John 12	ums So	no	Jacoso,	WI	Mal, DATE	NOV 1 7	' '60	arthur 8.	House	

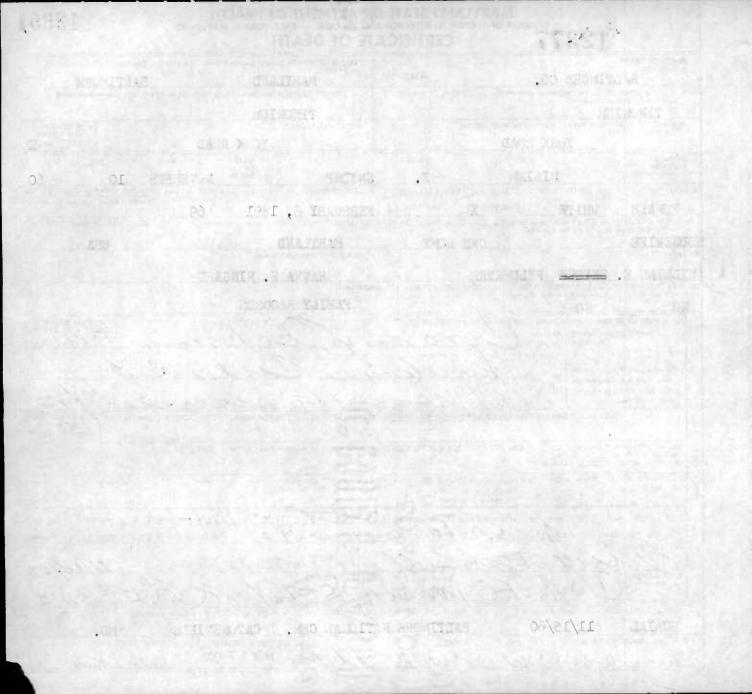
s after death. Page 4

may be relatined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A15 (4) 15M 9/59



e. IS RESIDENCE ON A FARM?

Day

6

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

YES NO X

Year

19

60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

MARYLAND

320 TOWNSEND ROAD

4. DATE OF DEATH

ESSEX

d. STREET ADDRESS

Last

SPANGLER

January 17.

B. DATE OF BIRTH

b. COUNTY

Month

yrs.

Months

November

9. AGE (In years lost birthdoy)

c. LENGTH OF STAY IN 16

7. MARRIED X NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

MARYLAND

DAYS

Middle

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DIVORCED

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PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write FORT HOWARD d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION

NAME OF DECEASED

S. SEX

(Type or print)

TAM

BALTIMORE

VETERANS ADMINISTRATION HOSPITAL

6. COLOR OR RACE

WHITE

during most of working life, even if retired)

First

AT BERT

WIDOWED |

RURAL and give nearest town)

completely filled Pages 1 72 hours ofter death. papers. puo pou physician 200 thin please remove attending ony oud þ remaval,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by cremation, buriol, page 3 should be detached far use the State Board of Health priar to be

VR A15 (4) 15M 9/59

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	ACHINE OPERATOR	COPPER & BR.			RYLAND			U.S.A	
13. FATHER'S NAME				ER'S MAID		2000			
WILLIA	M SPANGLER		F	CATHE	RINE REIT	35			
IS. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT				Address		
YES	WW-11		CLIN REC	VAH	BALTO MD	FT	HOWARD	DIVISI	ON
18. CAUSE OF	DEATH [Enter only one couse p	er line for (o), (b), and (c).]							AL BETWEEN
- PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	BRONCHOPNE	JMONIA					36	HOURS
570	DUE TO			EA		340	To the		
Conditions, i		MESENTERIC	THROMBOSI	S	- 7.5			10	DAYS
gove rise to couse (a), stoti	immediate DUE TO				Til German	71.0	3.7853		
lying cause lo	-		3 4 6 1/2						4
PART II. O	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	TH BUT NOT RELATE	D TO THE T	ERMINAL DISEASE	ONDITIO	Helyft I'A	ART 1(a) 19. V	WAS AUTOP
			MATOID ART		S; HYPER	TROPE	IY		S NO
OR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (Enter note	ore of injur	y in Port I or Part I	of item	18.)		
20c. TIME OF IN.	m. 19 W	d. INJURY OCCURRED hile Nat while work at work	20e. PLACE OF INJU foctory, street,	IRY (Home, office bldg.	form, 20f. (City o	r town)	¥3.	(County)	(Ste
	that (4) (this hospital) att								
22a. SIGNATURE		91700 , and	that death accu	irrea ar	M, from II	ne caus	es and an I		OOL DATE
1 - 3 - 2 - 3	1 10	Ja /	ATTEN PHYS.	DING	MED.	STAFF PHYS.	5	11.	-6-60
22c. PHYSICIAN	57 18	mi		DDRESS	DIRECTOR [11110. @			
NAME (Typ	ERNEST O. BRO	WN	M.D. VAL	BAA	TMORE 18	MD -	Ft Ho	oward I)iv
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEME	TERY OR CREMATO	RY	23d. LOCATIO	ON (City,	town, or caunty	LICEUR EC.D	(Stote)
REMOVAL (Spec	ify) 11/10/196	OAK HILL	TEMETERY			TMORE		RYTAND	
24. FUNERAL DIRECT		ADDRESS		25a.	REC'D BY REGISTRA		REGISTRAR'S	THE SHAPE AND LAND	
J.G. Com	nelly & Sons Es	sex 21. Md.		DATE	NOV 9 '60		arthur S.	Kroses	
	7	SEA CLO PIUS			103 3				
		SEXTIMA							

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Months Days Hours Min.
12. CITIZEN OF WHAT COUNTRY?
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N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(County) (State)
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CERTIFICATE OF DEATH

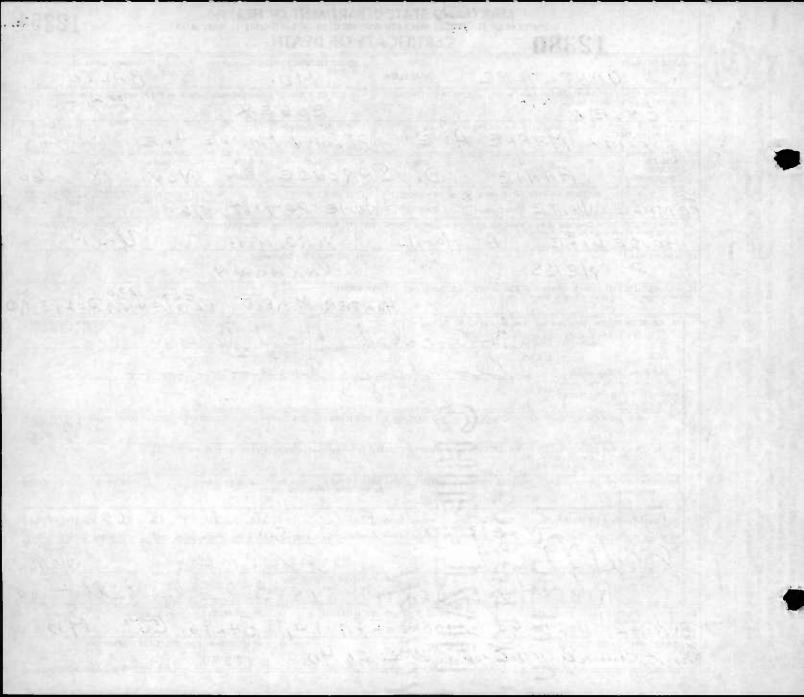
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	1. PLACE OF DEATH BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If inst b. COUN		fare admission) TO
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	IGTH OF STAY IN 16	ESS	utside carporate limits, wri	te RURAL ond give n	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTIONS 4 MAPLE BOX-194	TUE	Box-194	YAPLE A	VE /	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ANNIE	D. S	PROUSE	OF A	00. 1	8 1960
1	5. SEX FEMALE WHITE WIDOWED	DIVORCED 🔲	B. DATE OF BIRTH	9. AGE (In ye last birthdo	y) Manths Days	AR IF UNDER 24 HRS. Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired) HOUSEWITE AT	HOME	YIRGII	MIA	12. CITIZEN	of what country?
1	13. FATHER'S NAME P WEISS		14. MOTHER'S MAIDEN N			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	11	WTER M. RI	SID OLD	Address 430 ANNA	POLISA
	PART I. DEATH (Enter only one cause per line far of the per line f	enling	to Hen	1 Dises	v or	ITERVAL BETWEEN NSET AND DEATH
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter nature af injury in f	Port I ar Part II af item 18.		
h			ACE OF INJURY (Home, farm trary, street, affice bldg., etc.		(Caunt	y) (State)
		. 1.17	Feli. 19. leath accurred at 54			
	22g SIGNATURE J. Ly der 22c. PHYSTCIAN'S	J.	M.D. ATTENDING MI PHYS. DI 22d. ADDRESS	ED. STAFF PHYS.		22b. DATE SIGNED
	NAME (Type) ROBERT U.L.	YDEN, M	D 815	Centry 9	ne Bul	et 21, na
	REMOVAL (Specify)	NAME OF CEMETERY OF	770	BALTO.	wn, or county)	MD (State)
1	In S. Commelly - 418 East	m Bhd	21, 40 DATE	NOV 2 2 '60	Caller &	

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbor papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, TO HOS

VR A15 (4) 15M 9/59

s after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MARTI	ANU	STATE DEPA	KIM	ENI OF HEALIH-	-BAL	IIMORE, I	8	1	235
		12206		CERTI	FICA	ATE OF DEATH			Reg. Dist. N	-	WOU.
1.	PLACE OF DEATH o. COUNTY Bal	timore		MAR	CLAND	2. USUAL RESIDENCE (Where o. STATE Marylar.	712-103	d lived. If institution b. COUNTY	Baltin		on)
	b. CITY OR TOWN (II RURAL and give ne Dun	f outside carporate limi carest town) dalk (22)	s, write	c. LENGTH OF STAY		53 Dundalk		orate limits, write R	URAL and give n	earest town)	
	OR INSTITUTION	AL (If not in hospital, g Dundalk A				d. STREET ADDRESS	lalk	Avenue		e. IS RESI	
3	NAME OF DECEASED (Type or print)	chi Chi		Middle		Lost SQUIRES	4. DATE OF DEATH	Man	m rember		ear 960
5	female	6. COLOR OR RACE white	7. MARR	DIVORCE		B. DATE OF BIRTH June 17.187	6	9. AGE (In years last birthday) 8 yrs.	Manths Days	R IF UNDER	
L	during mast of work	ON (Give kind of work of king life, even if retired) USEW116	ane 10b.	KIND OF BUSINESS C	OR INDU	West Vir	foreign o	ountry)	12. CITIZEN		COUNTRY?
L	Geor	ge Fisher				14. MOTHER'S MAIDEN NA Marth					
1	5. WAS DECEASED EVE Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	rvice)	social security no		F.Fisher, R	loute	Addi	es Lew,	W.Va	•
	1	mmediate (_ C	aroma	~ , d.	nyocara	lel		Or In	TERVAL BET	DEATH DEATH
NOITATION	PART II. OTH	nalnen	tr	ition		NOT RELATED TO THE TERMIN.			EN IN PART 1(a)	19. WAS A PERFOR YES	MED?
MEDICALC		Y Month, Day, Yes	r 20d. It While at wor	NJURY OCCURRED Not while at work	20e. PL	ACE OF INJURY (Hame, form, street, office bldg., etc.)	20f. (City	y ar tawn)	(Caunty	′)	(State)
	alive on	at 1 oftended the	-, 12 Ter	60, and that		occurred at <u>4:45A</u> Ad M.D. <u>3 Kinshir</u>	DORESS (S	m the causes of treet, city ar town,	state)	ate state	
2	NAME (Type) W	4 . 4 .	F	22c. NAME OF CEM		Baltimore r CREMATORY 2		Marylar TION (City, town, o		(State	
2	REMOVAL (Specify) BUT181 3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		emorial Park	BY REGIS		re, Mary		
V	Walter Br	ooks Brad	ley,	Inc., Dun	dal.	k 22, Md DATE NOV	16'6	0 0	Chur & Kra	A.A.	

TO HOSP I OR ATTENDING PHYSICIAN: The low requires that the dooth certificate be executed within 24 thours after death. Page 4 may be aloned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or removol, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10001

12356

		12001								Reg. Di	st. No.	-	-
P	COUNTY	altimore		MARY	- 11	A STATE	Mary 1		d lived. If instituti b. COUNTY	HOW a		re odmiss	ion)
/b	CITY OR TOWN (II	f outside corporate limits,	write	c. LENGTH OF STAY	IN 1b				rote limits, write R			rest town	1)
	RURAL and give no	arest town)		12vr6mth25					ry land	O NI LE GING	give nec		.,
	NAME OF HOSPIT	E AL (If not in hospital, give		I V	4,90	d. STREET AI		0,	3			e. IS RES	IDENCE
	OR INSTITUTION	ROVE STATE		SPI TAL		Unkno			1	X	-	ON A	NO
D	AME OF ECEASED ype or print)	First Doro	thy	Middle	S	tinefel		4. DATE OF DEATH	Novem		20	,	Year 19 60
5. SE	X	6. COLOR OR RACE 7.	MARR	NEVER MARRIE	DK 8.	DATE OF BIRTH	1		9. AGE (In years			IF UNDE	R 24 HR5.
	female		IDOWE			Dec. 4,	1873		lost birthdoy) 86 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATIO	ON (Give kind of work don ing life, even if retired) TO SS	e 10b.	KIND OF BUSINESS O		1	ACE (Stote o		ountry)		IZEN O		COUNTRY
13. F	ATHER'S NAME		1			14. MOTHER'S						•	
	Bernar	d Stinefelt				Me	arga re	t Str	ecker				
15. V (Yes.		R IN U. S. ARMED FORCES of yes, give war or dates of service		social security no.		ords:	SPRIN	G GRO	VE STATI	en HOS	PITA	L	
	Conditions, if or gove rise to ir cause (o), stoting thing cause lost.	nmediate (DUE TO	Art	onchopneumo teriosclero neralized a	tic c						ONS	ET AND	DEATH
ICATION		ER SIGNIFICANT CONDIT								EN IN PAR	T 1(0) 1	PERFO	RMED?
0 1	20a. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	CRIBE HOW INJURY OF	CCURRED. (Enter noture of	finjury in P	ort I or Pari	t II of item 18.}				
MEDICAL	Noc. TIME OF INJURY Hour o. m. p. m.		20d. IN While of work	Not while	20e. PLACI foctor	OF INJURY (F y, street, office	tome, form, bldg., etc.)	20f. (City	or town)	(County)		(State)
	21. I certify the alive an NOV actual signature Physician's NAME (Type)	ot I attended the de 7. 20 Sklla W Stella Was	19 G	lister		ccurred at.	L:00 p	AM, franches (St. ROVE)	reet, city or town,	ind an t stote) HOSPI	he da	te state	
220.	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	960	22c. NAME OF CEME	THEO	REMATORY		22d. JOCAT	TION (City, town, o	. (1)	1AR	(SION	
23. F	UNERAL DIRECTOR'S	S SIGNATURE	12	ADDRESS 490	5 Ya	RKRO		BY REGIST		TRAR'S SI			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 VS A15 (4) 15M 9/SS

the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

tained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19229

CERTIFICATE OF DEATH

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Bolt	imore
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a consequence	
	e. IS RESIDENCE
e	e. IS RESIDENCE ON A FARM? YES NO KX
	lay Yeor
ber 1	
	R IF UNDER 24 HRS.
onths Doys	Hours Min,
12. CITIZEN	OF WHAT COUNTRY?
sam	e
IN	TERVAL BETWEEN
5 01	SET AND DEATH
- A	
IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	YES NO
(County	(Stote)
nat I last	saw the deceased
	ate stated above.
e)	DATE SIGNED
B	,14,4 11.1760
ounty)	(State)
Mary	land
nic cica Co	int

15006	Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest fown).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkvalle
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7803 (Larksworth Place	7803 Clarksworth Place es is residence on a FARM?
3. NAME OF DECEASED (Type or print) Mrs. Anna (Ida Louise)	Stolle 4. DATE Month Day Year OF DEATH November 16, 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED **Emale white WIDOWED EX DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Min.
108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) Houseun te	Germany
13. FATHER'S NAME August Schwarzlose	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (If yes, give wor or datas of service) 2 15-09-9646B M	NFORMANT Address rs. Else Schwarzkopf same
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. Conditions, if any, which (b) DUE TO CC)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Nov 15 alive an Nov 15, 1960, and that death	n occurred at 1:30 P.M., fram the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 7122 Herford Rol Billia 11.176
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Spegify)	emetery Baltimore, Maryland 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	11.4

may be moined by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled they the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror priar to burial, cremation, ar removal, and in any event within 72 hours after death. L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

urs after death; Page 4

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ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12383

CERTIFICATE OF DEATH

12358 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAN	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY		efore admis	
b. CITY OR TOWN (RURAL ond give n		c. LENGTH OF STAY IN 1		outside carpora	ate limits, write RI	JRAL ond give	nearest taw	n)
	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS 8503	Harfo	rd Roa	d	ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	CATHERINE	Middle L.	STRASSHEIM	4. DATE OF DEATH	Novemb		Q'	Year 60
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW		0 + 00 200		AGE (In years lost by thiday) yrs.	Months Day		T
100. USUAL OCCUPATION during most of work Houseway	ON (Give kind of work dane 10brking life, even if retired) OPK	kind of Business or in the Home	Baltimo	-	1.2	12. CITIZEN	USA	COUNTRY?
Charl	es Emmart		14. MOTHER'S MAIDEN Ella	May H	lenry			
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 14-03-1347A	Mr. Freder	ick St	rasshe			
	the under- DUE TO	Congestions Congestions Congestions	my ldema hart fair	love	enue	C	Ity	DEATH
CATIC	HER SIGNIFICANT CONDITIONS AS UNDERLYING 20b. DES		BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in			EN IN PART 1(c	PERFC	AUTOPSY ORMED?
□ ○ CONTRIBUTING	G CAUSE OF DEATH	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farr factary, street, office bldg., et	m, 20f. (City o	ar town)	(Caur		(State)
actual SIGNATURE PHYSICIAN'S NAME (Type)	Nevember 19, 19		ath occurred at 8:45%	M; from th	eet, city or town,	d an the destate)	ate stated	deceased d above TE SIGNED
22a. BURIAL, CREMATIC REMOVAL (Specify BUR 1.2.1	12/2/60		e Cemetery	Bal	ON (City, tawn, o	, Mary		
23. FUNERAL DIRECTOR HENRY	SANDER & SONS	ADDRESS S,INC. Balto		C 2 '60		trar's signa		

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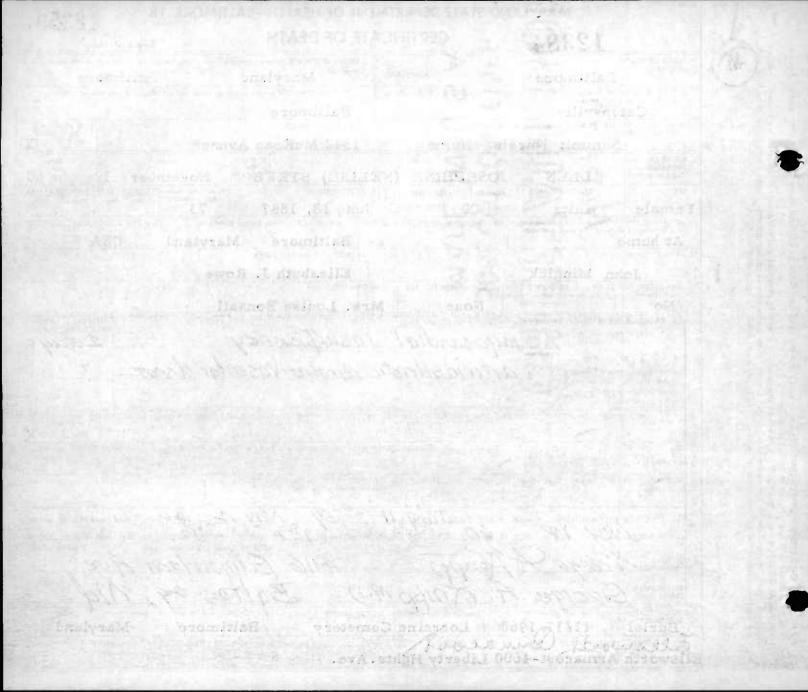
	2384	CERTIFICA	AIL OI DLAIII		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Ba.	ltimore	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE Maryl	- b COUNT	tian: Residence befare admissian) Raltimore
b. CITY OR TOWN (If au RURAL and give neare Catons		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au Baltimore	tside carporate limits, write	RURAL and give nearest tawn)
d. NAME OF HOSPITAL	(If nat in haspital, give stree		d. STREET ADDRESS 1542 McKea	an Arranua	e. IS RESIDENCE ON A FARM? YES NO X
	nmit Nursin	9			
3. NAME OF DECEASED (Type or print)	First JC	OSEPHINE (NI	ELLIE) STRE	_OF	mber 12 19 60
S. SEX 6.	COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	
Female	White WIDOV	VED X DIVORCED	June 18, 188		The state of the s
10a. USUAL OCCUPATION during mast af warking	(Give kind af wark dane 10th life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State o	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
At home			Baltimore	Maryland	USA
N	Minnial		14. MOTHER'S MAIDEN NA		
	Minnick N. U. S. ARMED FORCES? 18	SOCIAL SECURITY NO	Elizabeth .		dress
(Yes, no, or unknown) (If ye	es, give war or dates of service)		Mrs. Louise E		ui ess
	[Enter only ane cause per		viis. Louise L	Olisali	INTERVAL BETWEEN
	WAS CAUSED BY:	ine rai (a), (b), and (c).	in auto		ONSET AND DEATH
IM	MEDIATE CAUSE (a)	10 caraigi	Insufficien	184	2 days
422.	DUE TO	terio sclenti			
Canditians, if any,	which (b) al	12110 Sciencia	c Carcib-10	asemar aris	ease_
cause (a), stating the					
lying cause last.	(c)				
PART II. OTHER OR CONTRIBUTING UR (IF EITHER, NOTIFY ME)	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	art I ar Part II af item 1B.)	
20c. TIME OF INJURY Haur a. m. p. m.	Whit		ACE OF INJURY (Hame, farm, octary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
₽. m.	19 at wo				
21. I certify that	I attended the decea	ised from Tuly 11	1959, to 1	OV 12 160	That I last saw the deceased
alive an NO	V 12 , 19	60, and that death	occurred at 750		nd on the date stated obove.
//	O/	/		DDRESS (Street, city or town	
ACTUAL SIGNATURE	2140 /	aupp	M.D. 4116	Edmonds	on Ave.
PHYSICIAN'S NAME (Type)	zorge A	Knipp	1.D B	alton 2	9, Md
22a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tawn,	ar caunty) (State)
Burial (Specify)	11/17/1960	Lorraine C	emetery	Baltimore	Maryland
23 CHNOOD DRECTORS	PHADIRE USLILL	a coppess	24o. REC'D		SISTRAR'S SIGNATURE
Ellsworth Ar	macost-4600	Liberty Hghts	Ave. DATE N	OV 1 6 '60	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotian, or removal, and in any event within 72 haurs ofter death retained by the hospital or ottending physician. may be VS A1S (4) 1SM 9/SB

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO HOS

rs ofter death. Page 4



FOR STATE

HEALTH DEPT. Poge files. Health,



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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Dundalk Dundalk War Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 717 N. Avondale Rd. 717 N. Avondale Rd. YES TO NOT NAME OF First DATE Middle DECEASED DEATH (Type or print) 1960 Catherine Stroud Nov. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE jin years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED T DIVORCED T 1902 Colored 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Danville, Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Douglas Mildred ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT lif yes, dive war or dates of service) Mrs. Emma Bratcher-122 Willow Ct.-22 18. CAUSE OF DEATH [Enter only one couse per Jing for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), sloting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLA PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Not while A m of work of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry ... and in my opinion death resulted from: Natural causes D. Accident , Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TH NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Auburn Baltimore, ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 802 Madison Ave. Balto Mar NOV 2 2 '60 Circling & Haus

ESSISTANTED ENDINGER OF THE OFFICE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF 1 '9 The state of the s

12361

SIGNED

	エスのひの	CERTIFIC	AIE OF	DEATH					
1. PLACE OF DEATH o. COUNTY Bal	timore	MARYLAN	G STATI			lived. If institutio b. COUNTY	n: Residence bei		sion)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, wri	c. LENGTH OF STAY IN 1	b c. CITY	or town (If a		ote limits, write RL	JRAL and give n	earest tow	m)
d. NAME OF HOSPIT	TAL (If not in hospital, give str Administration	reet oddress)	d. STRE	ET ADDRESS		e Court		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First STANLEY	Middle J.	STRY	Lost CHARZ	4. DATE OF DEATH	November		Day	Year 19 60
5. SEX Male		MARRIED NEVER MARRIED DIVORCED	-	ыктн ry 2, 1		9. AGE (In years last birthday) 51 yrs.	Months Doys		T
10a. USUAL OCCUPATION during most of work Glazier	ON (Give kind of work dane king life, even if retired)	10b. KIND OF BUSINESS OR IN	The state of the s	THPLACE (State		untry)	12. CITIZEN		COUNTRY?
13. FATHER'S NAME John Str	ycharz		W- 1	er's MAIDEN I atherin		or			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service) WW II	1000 10 5100	INFORMANT Clinical			Addr Fort How		sion	
PART I. DEA	ATH [Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).] LOBAR PNEUM	ONIA RIC	HT LUNC	3		IN	TERVAL B NSET AND	D DEATH
Conditions, if o gove rise to i cause (o), stating lying couse lost. PART II. OT!	mmediate the under-	PORTAL CIRRH				CONDITION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY ORMED?
	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter note	ere of injury in	Port I or Port	II of item 18.)			
ZOc. TIME OF INJUR Hour a.m. p. m.	W	od. INJURY OCCURRED 20e. hile Not while wark at work	PLACE OF INJU			or town)	(Count	y)	(State
21. I certify the	at (A) (this haspital) att	ended the deceased fra ber 171960 , and the	m Novemb	er 8 19 rred do: 1	60 ta N	ovember .	17 ₁₉ 60, d an the da	that (4) te state	(we) last
22a. SIGNATURE	link S.C	brallen	M.D. ATTEN	DING M	ED.	STAFF PHYS.			26. DATE SIGNED /18/6
22c. PHYSICIAN'S NAME (Type)	rederick S. D	onaldson, M.D.	VA	DDRESS H, Balt	o 18,	Md., Ft	Howard I	Divis	ion
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	DN, 236. DATE THEREOF	23c. NAME OF CEMETER Baltimore				TON (City, town, c	Maryland		ote)
24. FUNERAL DIRECTOR		ADDRESS Home Reisters	stown Ro		D BY REGIST		Tran's SIGNAT	URE	
	Joseph Wilca, au	and Waldro			1177				

rs ofter death. Page 4 filed with by the funeral director puo may be veroined by the hospital ar attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in ony event, within 2 backs after death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12362

Rea. Dist. No.

					Keg. D	151. NO.
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	d. If Institution, Reside b. COUNTY Ba]	
1	c. CITY OR TOWN (It outside corporate limits, write RURAL ond of DUMICE) 1 k	H OF STAY IN 16	c. CITY OR TOWN (III		limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s 3418 Dunhaven Road	treet address)	d. STREET ADDRESS 3418 Dur	nhaven	Road	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) LAURA B.	Middle STUBER	Last	4. DATE OF DEATH N	ovember 2	Doy Your 24, 1960
L	MIL CE WIDOWED A	DIVOXCED [ay 5,1882		E (In years IF UNDER Months yrs.	1YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Ho		11. 8IRTHPLACE (State Ohio	or foreign country)	12. CITI	USA
	Charles E. Teete	rs	14. MOTHER'S MAIDEN N Marga	NAME Lret Gal	lagher	
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wer or doles of services None		formant s. Maude F	ahey	Address	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (b) Constaining the underlying couse last.	2-1 =	Declus Diseps	2		ONSET AND DEATH
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					1 1(0) 19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	1/	01/0		18.	
MEDICAL	Hour a.m. While Not	CURRED 200 PLACE	E'OF/INJURY Home, form ry, street, office bldg., etc.	20f. (City or low	n) (Cou	unty) (Stote)
	21. I certify that I taak charge af the remains of death resulted from: Natural causes . Accidental Actual SIGNATURE EXAMINER'S Melvin B. Davis,	dent [], Suic		AMINER	tion Inquir	DATE SIGNED
		of CEMETERY OR C	Cemetery		Indiana	(Stote)
	FUNERAL DIRECTOR'S SIGNATURE ADDRI alter Brooks Bradley, Inc.	,Balto.	, 22 24g. REC'I		246. REGISTRAR'S SIG	

LIZZIAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH community in the design of the latest the la Commence of the commence of the TWO CAN DESCRIPTION OF THE PARTY OF THE PART PALE DESCRIPTION OF THE BOOK The state of the s C HISTORY WATER TO THE PARTY OF THE The second secon 1745 True and monte out 1 06-93-11

MARYLAND STATE DEPARTMENT OF HEALTH ICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14591 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY Mary land Baltimore MARYLAND e. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
Catonsville Baltimore 2livr9mth25dvs IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION 708 West Lexington Street YES NO HOSPITAL GROVE STATE Manth Day NAME OF First Middle DECEASED 60 Sullivan November DEATH 19 Grace (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 5. SEX last birthday) Hours March, 1887 female white WIDOWED | DIVORCED X 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during mast af warking life, even if retired) Mary land housewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Samuel Smith Sarah Ella Taylor 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of service) STATE HOSPITAL SPRING GROVE unknown Records: no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). ONSET AND DEATH Cardiac failure PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NOT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark 19 60, that (1) (we) last Nov. July 21. I certify that (1) (this haspital) attended the deceased fram___ and that death accurred at: 35 saw the deceased alive an M, fram the causes and an the date stated above. 22b. DATE 22a, SIGNATURE SIGNED 3 ATTENDING 4-4-67 PHYS DIRECTOR PHYS. 22d. ADDRESS GROVE 22c. PHYSICIAN'S STATE HOSPITA L NAME (Type) Stella Wachsler, M. D. Catonsville 28. Md. 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12386 CERTIFICATE OF DEATH

Reg. Dist. No. 2363

16386	CERTIFICA	TIE OI DEATH		Reg. Dist. No	5.0000
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Delaware	deceased lived. If institu b. COUNT		ore admission)
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write	RURAL ond give no	egrest town)
Catonsville	l year	Wilmingto	n	4	4X -3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE
St. Joseph's Nursing	Home	618 Harri	son Street	t	YES NO
3. NAME OF DECEASED (Type or print) PETER SZCZECINS	Middle KI(PIOTR SZE	CZECINSKI)	DATE MOVEM		y Year
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	- /	R IF UNDER 24 HRS.
Male White WIDOW		June 29, 187	01) Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of wark done 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN	OF WHAT COUNTR
	ron Foundry	Polan	id	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
Joseph Szczecinski		Maryanna	Dziobak		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Ac	ddress 1222	
No - 22	1-10-4438 St	.Joseph's Nu	rsing Home	e, Tugwe	ell Driv
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (o), (b), and (c).]	Farlew -		ON	SET AND DEATH
Conditions, if any, which) (b)	tscVD				15-1 yrs
gave rise to immediate cause (a), stating the <u>under-lying</u> couse last.	anil Ch	rys			
PART II. OTHER SIGNIFICANT CONDITIONS OF	- M-1	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION G	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OF CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	I or Part II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d. II Hour a. ft. White at wor	Not while fac	ACE OF INJURY IHome, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceas	ed fram 12 15	12, 1959, to 11	1/23 , 196	Chat I last s	aw the decease
alive on 11/23 19	60, and that death	accurred at \$150	M, from the causes	and an the do	ate stated abov
10043	7		DRESS (Street, city or town		DATE SIGNE
SIGNATURE / Color 4.	Dens !	W.D. 1102 E. V	mars. O	Col Tows	~ 11/23
PHYSICIAN'S	V	J	20	7	
NAME (Type) Victor F. Kir	lg	1102 E. Jo	oppa Road,	Towson	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 220	d. LOCATION (CIN. XXXX	Xor county)	(State)
Burial 11/26/60	Holy Rosary		Baltimore	Mary	rland
23. FUNERAL DIRECTOR'S SIGNATURE M. F. SADOWSKI &SONS, 18	O8 EASTERN A	VENUE 240. REC'D R	Y REGISTRAR 24b. REC	SISTRAR'S SIGNATU	
H. T. DADOMDUT COOMS, TO	OO EMPIEUM B	VERTUE DATE	W 22 8 '60	0 -1 01	

TO HOS C. OR ATTENDING PHYSICIAN: The new teachers and teachers and completely filled to by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to be filled with

VS A15 (4) 15M 9/55

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any telay is necessary, many please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 70.4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, many or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
49904	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12364
12381	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1,66,03

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
	e. COUNTY Baltimore MARYLAND	•. STATE Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
/	Spannows Point	Baltimore
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
		2844 W. Lanvale St.
31	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	to the state of th	TAYLOR DEATH November 17, 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Colored WIDOWED DIVORCED	Mory 10,1895 65 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work doge during most of working life, wen if retired)	Y 11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Crave Openation Ship Vorad	Lashar Nac N.C.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward lavion	Hestop 1
	75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetastiservice)	INFORMANT Address
	No M	ary & Toutton 2844 W. Langale St
Ġ.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Ruptured myocardia	Z infarction.
	DUE TO	
	Conditions, if any, which (b)	
	gava rise to immediate cause DUE TO	
Н	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES X NO
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (E) CAUSE OF DEATH.	Enter neture of injury In Part I or Part II of item 18.)
	Control of the contro	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
H	Hour a.m. While Not While fect	ory and the study of the
н	21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspection , Inquiry , and in my opinion
Н	death resulted from: Natural causes , Accident , Suic	ide, Homicide, Undetermined manner
P	at it	CHIEF MEDICAL EXAMINER
~	ACTUAL SIGNATURE WILL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED
	FYEMINFR'S	DEPUTY MEDICAL EXAMINER November 17, 1960
	NAME (Type) William V. MOVILL, Jr., M.D.	Address (Street, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THERIOF 22c. NAME OF CEMETRY OF	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 11/2/1960 7/17 MUMAN	n lem. 152/10, 110.
1.	23. FUNERAL DIRECTOR ADDRESS 322	NOV 2 1 '60 CATUME S. PREGISTRAR'S SIGNATURE
1	Mrs Kate K. Williams Schroeder	DATE NOV A

VS. A15ME 5M 7/59

MTARGERS' STADISCOURTSURFERING ARE TABLET IN CO. C. T. .. IN CHAIR BOS THE PERCHASIS 28ac T. April . Tanks inolarina all fazbrunge ber samma della samma della CHEEF PER TRUE FOR A WAR CAN A CAVALL EVEN TO THE COMMENT THE REPORT OF THE PARTY OF THE

FOR STATE

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12000					
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (Where decease		on: Rasidenca before e	dmission
Baltimore MARYLAND	a. STATE Mar	yland	b. COUNTY	Paltimore	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16			limits, write RURAL	end give neerest tow	n)
write RURAL and give neerest town)	6.0	ex #21			
ESSEX #21 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	ex TZI	-	I a IS DE	ESIDENCE
205 "A" Woodvale Rd.		Woodvale	Road	ON	NO C
3. NAME OF First Middle	Last	4. DATE	Month	Day Yaar	
DECEASED (Type or print) WILLIAM THOMAS		OF DEATH	November	r 17, 19	60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UND		
Male White WIDOWED DIVORCED X	July 5, 190		birthday) Month:	s Days Hours	Min.
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUST!			12.	CITIZEN OF WHAT C	OUNTRY
dona during most of working life, even if retired)	2/				
Maintaince Apt. Buildings	Mass.	NA MAP		USA	
	14. MOTHER'S MAIDEN	NAME			
Unknown	Unknown	1			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyasgivewerordetesofservice)	INFORMANT		Address		
	arold Wall 22	18 Lodge	Farm Rd	#10	
18. CAUSE OF DEATH [Enter only one cause per/line for (e), (b), end (c).]	1/2/ 0		TOTAL TALE	I INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	(CAPILI)	un		ONSET AND D	EATH
IMMEDIATE CAUSE (a)	- Cours			3.00	
DUE TO					
Conditions, if any, which (b)					
gave rise to immediate couse (a), stating the underlying DUE TO					
causa last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN P.	ART 1(e) 19. WAS A	UTOPSY
				-	RMED?
200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. ((Estas automo of Informacia Day	A I Doub II -f It	10 1	YES	ио 🗌
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	chier natura of injury in Par	TI OF PAR II OF ITAM	10.)		
	ACE OF INJURY (Home, fern story, street, office bldg., etc		own) (G	County) ((Stata)
21. I certify that I took charge of the remains described above, he	eld an Autopsy .	Inspection [Inquiry 2	and in my or	pinion
death resulted from: Natural causes Accident . Suice	ide , Homicide	Undeter	rmined manner		
1 1 11 12 17	CHIEF MEDICAL				
ACTUAL COUNTY OF A DOLLAR			1		
SIGNATURE SECTION CONTROL OF THE SECTION OF THE SEC	M.D. ASSISTANT MED	-	-	DATE SIG	NED /
	DEBLITY MEDICAL	L EXAMINER		1/-1.	1-60
EXAMINER'S SACL C Collins		city, town, or count	y)		
NAME (Typy) A C C C C C NAME OF CEMETERY O	Address (Street,		y) (Clty, town, or cour	ntry) (State	e)
NAME (Type) SAGE (OIIIN)	Address (Street, or CREMATORY	22d. LOCATION			0)
NAME (Type) 120. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify) BUTIAL 11/21/60 Mt. Carmel Cer 23. UNERAL DIRECTOR ADDRESS	Address (Street, or CREMATORY	22d. LOCATION	(City, town, or cour e, Maryla	and	0)
NAME (Type) 226. BURIAL, CRÉMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) RUTIAL 11/21/60 Mt. Carmel Cer	Address (Street, or CREMATORY	22d. LOCATION Beltimor 'D BY REGISTRAR	(City, town, or cour e, Maryl: 24b. REGISTRAR'	and	0)

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12389MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Il director. Page for your files. e. COUNTY Baltimore b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 dof write RURAL and give nearest town) for your Monkton Cockeysville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) Boar d. STREET ADDRESS a. IS RESIDENCE uneral ON A FARM? York Road retained YES NO THE State MAME OF DECEASED First Middla 4. DATE Month Day Yeer and 3 to the the 1060 DONNA LYNN THOMPSON November (Typa or print) DEATH 9 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with 2, and 5 may nd 2 wi lest birthdey) Devs Hours Min. thin 24 hours after a Give Pages 1, 2, and orm PM3 Page 5 m Female Colored WIDOWED DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY A. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) 0.5.19 220 0 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 in Item 18. (Yas, no, or unkown) | (If yas give wer or dates of service) york Rd. monkton with any MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Entar only one couse per line for (a), (b), and (c).) Office along w burial-transit p INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia, confluent, massive, left lung, PART I. DEATH WAS CAUSED BY in pencil IMMEDIATE CAUSE (e) with empyema DUE TO removal, Conditions, if eny, (b) gava rise to immadiata cause "pending" @ DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as (a), stating the undarlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO [plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of itam 18.) age 3 short to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yaar 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) MEDI Hour a.m. Whila Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, death resulted from: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEFTI DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., 11/4/60 NAME (Type) Addrass (Streat, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or equptry) (Stata) REMOVAL (Spacify) 0 940 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 74b. REGISTRAR'S SIGNATURE VS. A15ME Chilhun S. Krous 5M 7/59 DATE NOV

CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART HIASELI I TEAMBERT ETTE PERMANEL LA PROPERTIES S. S. S. Comment of the second of the s The second of the second secon The second of the second of the second of the second of the when an after about trolle, state, state, the transfer, the transfer, The state of the s the state of the same of the state of the state of the same of the state of the same of the same of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH

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AND RECORDS - BALTIMORE 1, MARYLAND	1236
ATE OF DEATH	TEGO

	17341									
1. PLACE OF DEATH	altimore		MARYLANI		o. STATE Mary	rland	l lived. If institution b. COUNTY		Balto,	
b. CITY OR TOWN	N (If outside corporate lim	its, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If	outside corpor	rote limits, write R	URAL ond	give nearest	t town)
RURAL and give	SON		3 yrs.		Bal	timore	9	31	10	1-4
d. NAME OF HOS	SPITAL (If nat in haspital,	give street	address)		d. STREET ADDRESS	133.70			e. l	S RESIDENCE
OK INSTITUTION	Stella Mari	s Hos	pice		3212 Wa	albrook	c Ave.			ES NO
3. NAME OF DECEASED (Type or print)		rst	Middle	I	hornberg	4. DATE OF DEATH	Mon	th	Doy 14	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED	8. D	9/4/1879		9. AGE (In years lost birthday) yrs.	IF UNDER		UNDER 24 HRS.
10a. USUAL OCCUPA	ATION (Give kind of wark	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	ar foreign co	ountry)	12. CIT	IZEN OF WI	HAT COUNTRY?
	vorking life, even if retired	1)			Man	yland			U.S.	.A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	11-1-1-1			
	James Mo	ntgom	ery		Kate	Maude	Kitzell			
15. WAS DECEASED	EVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17	, INFO	RMANT		Add	ress		
(165, 165, or orknown)	(ir yes, give wor or odies or	ier vice)	None		Admission a	records	5			
Conditions, i gave rise to couse (a), stati lying couse la	ng the <u>under</u> DUE TO)))	Mindy S	The	- Not c	Defer	vores	(ENLINE BALL	DT 1/-1/10 1	WAS ALITORSY
CATIO	OTTLER STOTAL TEACH COL	NO THO ING.	CONTRIBUTION TO BEATTLE	001110	T REDATED TO THE TERM	MAK DISEASI	CONDITION ON	LIA IIA I AI	F	PERFORMED?
U (IF EITHER, NOT	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (E	inter noture of injury in	Port 1 ar Part	II of item 1B.)			
20c. TIME OF IN	10	While	NJURY OCCURRED 20e. Not while ot work		OF INJURY (Hame, farr r, street, office bldg., etc		or town)		(County)	(Stote)
			ded the deceased fram			60 _{to}				(I) (we) last
saw the deci	eased alive on <u>N</u>	ov. 2	2 1960 , and tha	t deal	th accurred at 5:0	M, ProM.	the causes an	d an th	e date st	ated above.
220. SIGNATURE	ample			M.D	ATTENDING MA	IED.	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN NAME (Type	. 11 / 1	AHOI	J M.D.		22d. ADDRESS 602 E	E.Jo	PPA B	, sou	1502	+ MD.
23a. BURIAL, CREMA REMOVAL (Spec Burial		1960	New Catheo				TION (City, town, timore,			(State)
24. FUNERAL DIRECT			ADDRESS	an Oca		D BY REGIST			IGNATURE	
William C	look- Towson	_105	O York Road.	To	wson DATE NO)V 7 '6	0 an	Thun S.	trava	

			0.0000
			PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME
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	d racer delication		
		SEVE VICE 16. TO	
	The Name of Street, and the Name of Street, and the Name of Street, and the St		
		New Mark Cook.	

FOR STATE TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If expletay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medillin or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 40 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS,
MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12368

1	a. COUNTY BALTIMO	RE MARYLAND	a CTATE	E (Where decaased lived, If institution: Land b. COUNTY Bal	Residence before admission) timore
)	b. CITY OR TOWN (if outside corporate lim writa RURAL and giva nearest town)		V 4000	outside corporeta limits, write RURAL an	d give neerest town)
	d. NAME OF HOS. TAL ON		d. STREET ADDRESS	-	IS RESIDENCE ON A FARM?
	1409 Walm	it Avenue	1409	Walnut Avenue	YES NO
_	3. NAME OF First DECEASED (Type or print) RICHA		TILLMAN	4. DATE Month OF DEATH November	10 19 60
I	S. SEX 6. COLOR OR RACE White	N. MINIGGED HEARK MINIKHED	Sept. 12, 188	9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retire		RY 11. BIRTHPLACE (State o	r foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	Retired Electrical	Engineer - Balto. Ga		North Carolina	
	f3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	David Childs Tillma:		Martha Ledi	Address	
	(Yes, no, or unkown) (Ifyesgivewerordatesof:	service)		Tillman-3035 St. F	Paul Street
	18. CAUSE OF DEATH [Enter only one		. RIGHALU III	IIIImoul joj) ou l	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Vomenered acredd we			ONSET AND DEATH
	978 V DUE TO				
	Conditions, if any, which (b)	Traumatic ruptur	e of aorta		
	geve rise to immediate ceusa (a), stating the underlying DUE TC				
	couse last. (c)				
L	PART II, OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
		Apparently jumped			
	20c. TIME OF INJURY Month, Day, You Hour a.m. 11/10		CE OF INJURY (Home, farm, lory, street, office bldg., atc.) Home		ltimore Md.
	21. I certify that I took charge	of the remains described above, he	ald an Autopsy X, I	nspection , Inquiry ,	and in my opinion
	death resulted from: Natural c	auses , Accident , Suici	ide 🗷, Homicide	Undetermined manner	
-	S. C. Stranger	1 BO(1116	CHIEF MEDICAL EX	KAMINER [
	ACTUAL SIGNATURE	JO Kung	M.D.	CAL EXAMINER X	DATE SIGNED
	EXAMINER'S W.	Bradley King, Jr., 1	M.D. DEPUTY MEDICAL Address (Street, cit	EXAMINER [] ly, town, or county)	11/10/60
	22a. BURIAL, CREMATION, 22b. DATE THERI REMOVAL (Specify)			2d. LOCATION (City, town, or country	
	Cremation 11/13/			Baltimore, Maryla	
1	Wm. J. Tickney	State-17 Md	DATE	DE REGISTRAR 246. REGISTRAR'S S	
					· Maria

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CERTIFICATE OF DEATH

12369

_					Reg. Dist.	No.
	COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V		If institution, Residence	before admission)
1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ond give negrest town)	c. LENGTH OF STAY IN 16	12.11.	outside corporate lin	nits, write RURAL and give	nearest town)
Ô	I. NAME OF HOSPITAL (If not in hospital, give street a OR INSTRUCTION AVAILABLE NUTSIN	. 1.	d. STREET ADDRESS	W. BALT.	MORE ST	e. IS RESIDENCE ON A FARM? YES NO
1	IAME OF DECEASED Type or print) First Of V	O Middle _	Toennies	4. DATE OF DEATH	November	Day Year 14, 19 60
5. 5	Exemale 6. COLOR OR RACE 7. MARRI Temale White WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. Date of Birth March 5, 1.	8 7.3 9. AG lost	E (In years birthday) Manths Do	EAR IF UNDER 24 HRS.
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NO NE	STRY 11. BIRTHPLACE (Sto	e or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
13.	Henry Bartels		14. MOTHER'S MAIDEN - HOLL	NAME		
			horles S. Tren	nus - 1803	Address W. Brog.	S.
	PART I. DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	10 (0), (b), and (c).] (2 rn 5 re) Hyper fas;	Vascular V2 Cadro	Accida.	nf - Drzyci	INTERVAL BETWEEN ONSET AND DEATH
NO	gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH/BIJ	NOT RELATED TO THE TER.	MINAL DISEASE CONI	DITION GIVEN INPART 1	o) 19. WAS AUTOPSY
CERTIFICATION	Gen 200/12	& Skin 41	(2refire)	X Dec	zubiti	PERFORMED?
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of i	tem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work	Nat while for	ACE OF INJURY (Home, fai ctory, street, office bldg., e	m, 20f. (City or tow	(Cou	nty) (State)
	21. I certify that I attended the decease alive on	d from	accurred of 33	PM, from the	causes ond on the	t saw the deceased date stated above. DAJE SIGNED
	ACTUAL SIGNATURE	hor	M.D. 1303	Frade	rick Rd	11-11-11
	PHYSICIAN'S WE W	he Gretz	Cart	msyi	1/1 2 fm	1 1/60
220	8URIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11-17-66	22c. NAME OF CEMETERY O	B CREMATORY	22d. LOCATION AC	City, town, or county)	(State)
2	UNERAL DIRECTOR'S SIGNATURE	ADDRESS Insville In	ed	O BY REGISTRAR	24b. REGISTRAR'S SIGNA	

TO HO ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 pours after death. Page 4 may be claimed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled hin by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 house after death.

VS A15 (4) 15M 9/55

1 101 919	CERTIFICATE OF DEATH		
	hosto of		Mary Survey
	Savoro Hall	A serie minos ricario	
		and home	sould inhouse
Sale at Saleston	MORE TO SECURE		
	areas (1773		all birms slaws
	3 wloth	2	Itas malt
	STATE OF STATE		
	and of the section of		STANCE OF THE STANCE OF T
		BASK NO.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12393 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

12370

						Reg.	Dist. No.	
1. PLACE OF DEATH a. COUNTY	Himore		MARYLAND	2. USUAL RESIDENCE (Who o. STATE		f institution: Resid	ence before adm	nissian)
B. CITY OR TOWN	(If outside carparate limit nearest town)	s, write c. LENC	GTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limit	write RURAL on	d give nearest to	awn)
d. NAME OF HOSPI OR INSTITUTION	TAV (If not in hospital, a	ive street address)	wines Will	STREET ADDRESS	sto Ro	1	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	(Conti	1/0	Middle ACK	The Inon	4. DATE OF DEATH	Month	Doy	Year 19 6
5. SEX	6. COLOR OR RACE	7. MARRIED A	DIVORCED	8. DATE OF BIRTH	905 P. AGE (lost b)	In years IF UND inthday) Months	ER 1 YEAR IF UN	NDER 24 HR
during most of war	ON (Give kind af work or king life, even if retired)	Guy	BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole	or foreign country)	1	ITIZEN OF WH	AT COUNT
13. FATHER'S NAME	0,407	ollo	'G	14. MOTHER'S MAIDEN N	AME LA	Cal	FIRE)
(Tes, no. or unknown)	ER IN U. S. ARMED FORG	220°	-22-6540	Spouse	tt/57	Address	Rd	Own
Conditions, if cave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO	140 194 C	siate C avela	2 malos	15		3	y Oh)
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDIT	ION GIVEN IN PA	PER	S AUTOPS'
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of injury in P	art 1 ar Part II of iten	n 18.)		
20c. TIME OF INJUI Hour a. n. p. m.	RY Month, Day, Yea	While Not		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)		(County)	(State
21. I certify the olive on	Marles Lentin	/ /	ond that death		fM, from the co.		the dote sto	
220. BURIAL, CREMATIC REMOVAL, (Specify,	ON, 226, DATE THEREON	960 M	AME OF CEMETERYO	REPENTORY Com	22d OCATION (GIN	town of county	(SI	late)
23. FUNERAL DIRECTOR	'S SIGNATURE	lenell.	Differ	1111 1111	BY REGISTRAR 24	ib. REGISTRAR'S	S Frank	

TO HOS "ILOR ATTENDING PHYSICIAN: The Tow requirement of the Complete of the C

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	12394		CERTII	FICA	ATE OF DEATH	1				
1. PLACE OF DEATH o. COUNTY Baltimo	7.000		MAR	YLAND	2. USUAL RESIDENCE (W G. STATE Maryland	here decease	d lived. If instituti b. COUNTY	on: Residence	before adm	nissian)
b. CITY OR TOWN (RURAL and give n	If outside corporate limit	s, write	c. LENGTH OF STAT	/ IN 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and giv	e nearest to	own)
	oward. Md.		23 Days		Baltimor	е	(18)	3	V 1	51-
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS F	RESIDENCE
	s Administra	ation	Hospital		323 East	Unive	rsity Pa:	rkway	-	□ NO±
3. NAME OF DECEASED (Type or print)	Fire MTT.PC		Middle P.		TRAPPE	4. DATE OF DEATH	Novembe		Doy 23	Yeor 19 60
5. SEX	6. COLOR OR RACE		IED NEVER MARR	IED 🗆	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		
Male	White	WIDOW			August 27,18	91	last birthdoy) 69 yrs.		ays Hou	1
10a. USUAL OCCUPATION during most of war red Freight	king life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDI	JSTRY 11. BIRTHPLACE (Stote		ountry) Maryland		S. A	TCOUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
August F. 3	Prappe				Anna M E.	Pruess				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of se WW I	ervice)	17-07=828		AH, Baltimore	cal Re			VARD I	IVISI
18. CAUSE OF DEA	ATH [Enter only ane ca	use per li	ne for (a), (b), and (c)	.]				Maria	INTERVAL ONSET AN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	B	RONCHOPNEU	MONI	CA.					EKS
491	XXXXXXX		ODBAT GTDD	11001					1. 200	A 70.00
Conditions, if a gave rise to i cause (a), stating lying couse lost.	mmediate (DUE TO		URTAL CIRR	HOP.	S OF LIVER				4 YE	ARS
PART II. OTI	HER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DI	EATH BU	IT NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?
20a. ACCIDENT WAY OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURR	ED. (Enter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Day, Yea	20d. It While of wor	NJURY OCCURRED Nat while of wark		LACE OF INJURY (Home, far actory, street, office bldg., et		y or town)	(Co	unty)	(Stote
21. I certify the	at (A) (this haspital) attend	led the deceased	fram.	Oct. 31		Nov. 23	1960	, that (f	F(we) last

22o. SIGNATURE 22c. PHYSICIAN'S

NAME (Type

VAH BALTO 18 MD. FORT HOWARD DIVISION 23d. LOCATION (City, town, or county)

STAFF PHYS.

23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 11/28/60

23c. NAME OF CEMETERY OR CREMATORY Baltimore National

ATTENDING PHYS.

22d. ADDRESS

Baltimore

Maryland

22b. DATE

(Stote)

12371

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Wm. Tickner & Sons, Inc. North & Penna. Aves. 250. REC'D BY REGISTRAR NOV 2 8 '60 DATE

MED.

25b. REGISTRAR'S SIGNATURE Chilling S. Henris

TO HOS VR A15 (4) 15M 9/59

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CERTIFICATE OF DEATH

Reg. Dist. No.

)	PLACE OF DEATH O. COUNTY DARTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY THOURE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - ROSEDALE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1410 Rosewick Aug.	d. STREET ADDRESS 1410 ROSEWICK AUE e. 15 RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) WILLIAM V.	Last 4. DATE Month Day Year OF DEATH NOVEMBER 22 1960
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. WHITE WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. Months Days Hours Min. Mi
	00. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Output Description 3. FATHER'S NAME	11. BIRTHPLACE (Stole or foreign country) Balter Maryland USA. 14. MOTHER'S MAIDEN NAME
	Vincent VIK	Hyres Same
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF Yes, no. or unknown) If yes, give wor or dates of service) 213-01-4492 H1	ldg G. VIK 1410 Rosewick Aure.
\	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the under: lying cause lost. Column ARY C	MROSIS INFARCTION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
NOITATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO LET
		(Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	ACTUAL SIGNATURE John A. Doth, MO. M.	coursed at 1:30 P.M., from the causes and an the date stated abave. ADDRESS (Street, city) or town, state DATE SIGNED 1:20 P.M. 400 P.M
2	PHYSICIAN'S NAME (Type) John G. Orth, M.D. 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR O	8019 Philadelphia Rd.
1	REMOVAL (Specify)	marial Park Balto. Mol. (Stole)
2:	Philip E. Crach 1211 Cheseco A	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

urs ofter death. Page 4

Then please remove carbon papers. Pages 1 and 2 should be filed with every writin 72 hours after death. moy be to like the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached far use as the burial-transit permit. Then please cembon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any every when 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 15M 9/S5

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TO HOS

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH 19900

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	1233	L.	CERTII	ICA	IL OI DEF	****			Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL		o. STATE Mary.			. If institution	on: Residence Balti		odmissi	an)
RURAL and give n		its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	V (If autside	corporate li	nits, write R	URAL and g	ive neare	st town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street	oddress)		d. STREET ADDRE	SS			23	e.	IS RESI	DENCE FARM?
					5401 N. CI	narles	Stre	et				NO 🗌
3. NAME OF DECEASED (Type or print) Sr	. Mary Esth		Middle Catherin	ne	Underhill	4. D O D	ATE F EATH	Novem		Doy 6		ear 9 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		DATE OF BIRTH		9. AG	E (In years	IF UNDER	-		
Female	White	WIDOW	ED DIVORCED		Nov. 18, 1	1882	7	birthday) yrs.	Months	Doys	Hours	Min.
during most of wor	ON (Give kind of work king life, even if retired er Religiou)	KIND OF BUSINESS OR	INDUSTI	11. BIRTHPLACE		eign country)		12. CITI	U.S		COUNTRY
3. FATHER'S NAME		10			14. MOTHER'S MAIL					0.0		
John Un	derhill				Mary Bu	rke						
5. WAS DECEASED EVE (Yes. no. or unknown)			SOCIAL SECURITY NO.	- 200	ORMANT Mary Erne		640	Add		es S	tree	et
Conditions, if a gave rise to i cause (o), stating lying cause last.	mmediate DUE TO)	ASCVD	Chron	nbesis					10	min,	
ZOg. ACCIDENT W	AS UNDERLYING [7]		CONTRIBUTING TO DEAT						EN IN PART		PERFOR	
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER)		NJURY OCCURRED 2 Not while	0e. PLAC facto	E OF INJURY (Hame ry, street, affice bldg	, form, 20f			(C	ounty)		(State)
ACTUAL SIGNATURE	mat I attended the	126	0	16	19.52, to	2- N.	from the	couses o			state	
220. BURIAL, CREMATIC REMOVAL (Specify)		OF C	22c. NAME OF CEMET				location (City, tawn, o	or county)	Mar	(State	-
HENRY W	'S SIGNATURE	Sus	ADDRESS 4105 BALT	YOR	IKRD. 24a.	REC'D BY R	1 4 '60		TRAR'S SIG		uA	

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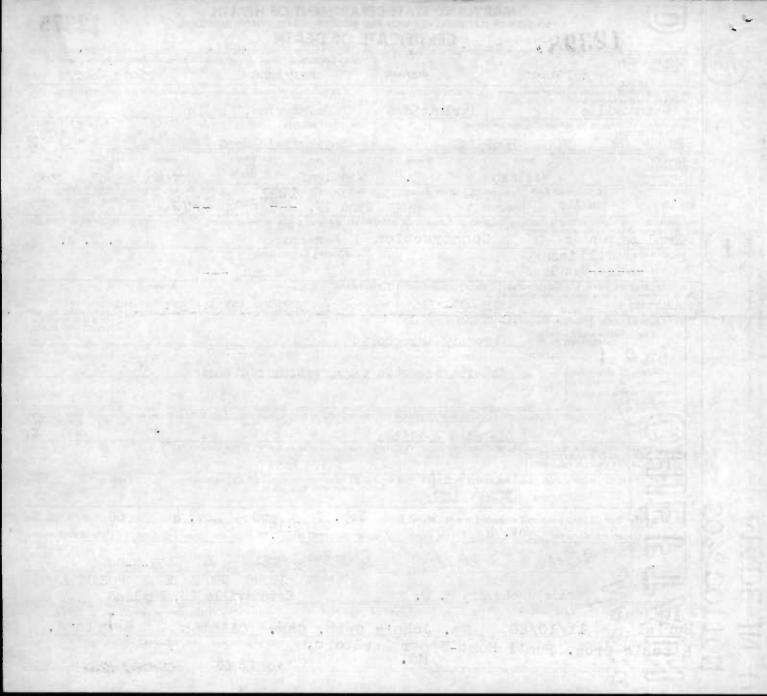
CERTIFICATE OF DEATH

			- A V	THIS O G 9	1º 1 100	3-6/0		OL. CAL				
1.	PLACE OF DEATH a. COUNTY	Baltimor	9	MARYL			ence (what	ere deceased liv	b. COUNTY	on: Residence b	Georg	e L
Г	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TO	DWN (If o	utside corporate	limits, write R	URAL ond give	nearest tov	rn)
	Catonsvi			lyrlmth5dy	ys	Bra	ndywi	ine, Mar	yland			
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)		d. STREET AD	DRESS		110	1 2	e. IS RE	SIDENCE A FARM?
I.	SPRING GRO	VE STATE	HOS	PITAL		Sprin	gfiel	d Road	100	1] NO X
3.	NAME OF DECEASED	Fir		Middle		Last		4. DATE OF	Mon	th	Day	Yeor
	(Type ar print)	Wil	liam	E.	1	VanClea	f	DEATH	Nove		4	1960
	SEX	6. COLOR OR RACE	7. MARI	RIEDE NEVER MARRIED	8. 0	ATE OF BIRTH	17/8/8	9.	AGE (In years lost birthday)	Months Da		T
	ale	white	WIDOW		-	me 17,	1497		lost birthday)			
10	during most of work	ing life, even if retired		KIND OF BUSINESS OR		11. 8IRTHPLA	CE (Stote	or foreign coun	try)		OF WHAT	
_	Empl year			Construct:		Mary				U.	S. A	•
13.	1.4	illiam			1	4. MOTHER'S						
L		e-VanCleaf					Sa	rah				
15. (Y		IN U.S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.	17, INFO	RMANT			Add	ress		
	unknown		2	15-07-3716	Rec	ords:	SPRIN	IG GROV	E STA	E HOS	PITAL	
				ne far (a), (b), ond (c).]							INTERVAL E	
	PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Co	ronary thro	mbosi	S						
	4201	DUE TO								200		
	Conditions, if ar		Ar	teriosclero	tic c	ardiova	scula	ar dise	ase			
	cause (a), stoting t											
z	lying cause lost.	ER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT NO	T DELATED TO	TUETEDIAL	NAI DISEASE C	ONDITION CIV	CENT INT BADT 1/2	_\ 10 \A/AS	AUTORS
ATIO T	1247 11. 0111	EK SIGNIFICANT CON				I KEDATED TO	THE TERM	INAL DISLASE C	ONDITION OF	EIA IIA LWKI 16	PERF	ORMED?
FIC	20g. ACCIDENT WA	S LINDERLYING [7]		betes melli		nter noture of	injury in F	Port 1 or Port II	of item 18.)		I LES [J NOZE
L CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)								30		
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	While	Not while		OF INJURY (H			town)	(Cour	nty)	(Stote
2	p. m.		ot wo		-	a. b. 7		(0 2	. 1	(0		-
				ded the deceased f			-2:12		OV. L	, 19_60,		
	saw the deceos	ed olive an	ov. l	1960, and 1	thot deo	th accurred	of D	M, from th	e couses ar	d on the d	ote stote	d above
	220. SIGNATURE	Stella	We	relester	M.D		X DII		STAFF PHYS.	1-4-60		SIGNE
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRES	ss SPR	LING GF	ROVE STA	ATE HO	SPITA	L
L		Stella W	achs.	ler, M. D.			Cat	onsvill	e 28, 1	ayland		
23	BURIAL, CREMATION	V. 23b. DATE THEREC)F	23c. NAME OF CEME	TERY OR C	REMATORY		23d. LOCATIO	N (City, town,	or caunty)	(St	ate)
-	surial		60	St. John	n's	Cath.	Cem.	Clin	nton		rylan	d.
24	RITCHIE H	SIGNATURE Fun	11 E	Iome bper		lboro	25a. REC'1	D 8Y REGISTRA	R 2Sb. REGI	STRAR'S SIGNA	ATURE	
L				Md.			DATE NO	N 1 5 '60	10	than 2 to		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72-boars after death. ** OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 revained by the haspital ar attending physician.

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TO HOS VR A1S (4) 1SM 9/59



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DIVISION OF STATIS

MARYLAND	STATE DE	PARTMENT	OF HEA	LTH
N OF STATISTICA	L RESEARCH AND	RECORDS -	BALTIMORE 1	, MARYLAND
CE	RTIFICATI	E OF DEA	ATH	

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		4.00			X	Middle	River				
-	d. NAME OF HOSPI		ive street ad	dress)	ad: STREE			-67 (1-7)		e. IS RESIDENCE	
DECEASED (Type or print) (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH 100. USUAL OCCUPATION (Give kind of work done during) most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during) most of working life, even if retired) 101. Name of working life, even if retired) 102. THAT I. DEATH MAS CAUSE OF DEATH 103. FATHER'S NAME 104. MOTHER'S MAIDEN NAME 105. WAS DECEASEDEVER IN U. S. ARMED FORCES? 106. SOCIAL SECURITY NO. 17. INFORMANT 107. INFORMANT 108. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).] 109. PART I. DEATH MAS CAUSE BY: 109. IMMEDIATE CAUSE (o) 100. DUE TO 100. Conditions, if any, which gover rise to immediate but to immediate couse (a), stoling the under. lying couse lost. 109. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c) 109. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 109. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 109. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 109. While Not while work: 109. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 109. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 109. While Not while of work		6 Bird R	iver Rd	ON A FARM							
3	NAME OF	Fire	st	Middle		Last		Mar	nth	Day Year	
		Ada		E.	Vaugha	an	DEATH	Nov	ember	15, 19	
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	BIRTH		9. AGE (In years		EAR IF UNDER 24 H	
	Female	White	WIDOWED	DIVORCED [June 8	3. 1881		79 yrs.	Manths Da	ys Hours Mi	
-	a. USUAL OCCUPATION	ON (Give kind of work of	dane 10b. KII	ND OF BUSINESS OR I			ar fareign o	country)	12. CITIZEN	OF WHAT COUNT	
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	Enoc	h Llewellv	m			Unka	novm	IInknown			
	. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO.	17. INFORMANT	0.21	101121	Add	ress		
		(It yes, give war or dates of se		28-3567	David E.	Jones	2921	Northwin	d Rd.		
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		AS LINIDERIVING D	20h DESCRI	IRE HOW INITIAL OCC	IRRED (Enter note)	en of injury in I	Part Lar Pa	et II of item IR \		I IES [] NO	
WAS UNDERLYING LICAUSE OF DEATH CAUSE OF CONTRIBUTING LICAUSE OF DEATH UTILITY CAUSE OF DEATH UTILITY UTI											
i			While _	Not while	factory, street, a	ffice bldg., etc	.)	y ar iawii)	(Coo	117)	
	21. I certify the	at (I) (this haspital) attended	d the deceased fro	om Pec	19	58, ta	Nov	19 60	, that (1) (we)	
		sed alive on 1/4	V/	19 60, and th	at death accur	rred at 7	M, fram	the causes ar	nd an the d	ate stated aba	
	22a. SIGNATURE	_	1	9	ATTENI	DING W		STAFF	. / .	22b.DAT	
	Theod	love to	los	m	M.D. PHYS.	DI DI	RECTOR [PHYS.	NOV.	13,1960	
					22d. AD	DORESS					
2)F	23c. NAME OF CEMETE	RY OR CREMATOR	Υ	23d. LOCA	TION (City, tawn,	ar county)	(State)	
			50	Suns	et		G	ranite Ci	tv. Ill	linois.	
2					4	25a. REC'			STRAR'S SIGNA		
1	malint	unel Howe	740	Below R.	1.	DAMOV 1	1 6 '60	Cuth	or S. Kray	A	
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TO HOS. OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 as after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

VR A1S (4) 1SM 9/59

12299 North Carlot Laborate

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) delay is necessary, funeral director. Page lained for your files. State Board of Health, a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 TOWN (If outside corporate fimits, write RURAL and give nearest town) write RURAL and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION not in hospitat, giva street/address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained State | YES NO NO NAME OF DATE Middle Yeer ould be executed within 24 hours after death. If a population in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be refaburial-transit permit. File pages 1 and 2 with the 5 DECEASED OF (Type or print) PEATH after 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED hours a last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **EXAMINER**: This certificate should be DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Year 2Dd. INJURY OCCURRED (County) factory, street, office bldg., atc.) prior to 21640 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion designated agent, Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) DE 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 11-16-60 Mt. Paran Harrisonville, Maryland 240 ADDRESS-24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Mandallslown Med DATE NOV 1 8 '60 5M 7/59 Orling S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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c. LENGTH OF STAY IN 16

Middle

AMES

d. STREET ADDRESS

12401 CERTIFICATE OF DEATH 12378

Day

22

9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS.

e. IS RESIDENCE ON A FARM?

YES NO

Year

60 19

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

TOUNSEND

4. DATE OF DEATH

b. COUNTY

Month

-	
Filed with)
a P	

1. PLACE OF DEATH

b. CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (If not in haspital, give street address) 315 TOWNSEHD

CHARLES

RURAL and give nearest town) 5

a. COUNTY

NAME OF DECEASED

(Type or print)

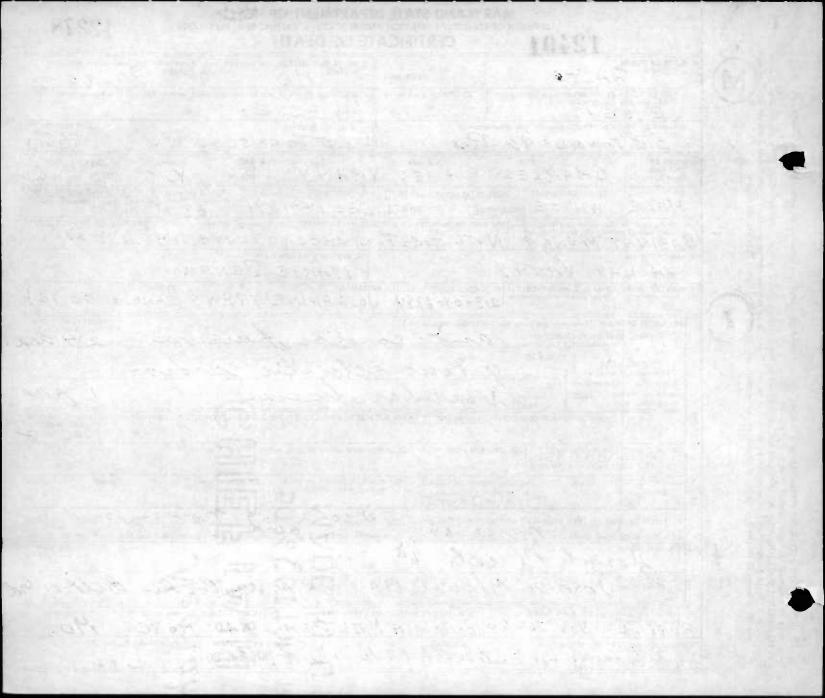
rs after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function of campletely filled in by the function papers. Pages 1 and 2 shault remaye carbon papers. Pages I and within 72 haurs after death. Then please and in page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar ta burial, crematian, or remayal,

I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A15 (4) 1SM 9/59

5. 5		
	MALE WHITE WIDOWED DIVORCED DEC. 14-1891 (ast birthday) Manths Days Hours Min.	
0	USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired) ABINET MAKER NATL. STORE FIX. CHECITOSLOVAKIA U. S.A.	
13.	VACLAV VRONY MARIE BENAR	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT One of unknown (If yes, give wor or dates of service) 213-01-6884 JOSEPHINE VRANY (SAME AS ABOVE)	
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Conditions, if any, which (b)	R
	gove rise to immediate cause (a), stating the under-lying cause last. DUE TO Varenhar disease 1 37	/
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	_
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a. m. Haur a. m. 19 While Not while at work	
	21. I certify that (I) (this hospital) attended the deceased fram 2 2 2, 1959 to 221969 that (I) (we) lost sow the deceased alive an 100. 22 1960, and that death occurred 6 20M, fram the causes and on the date stated above.	
	220. SIGNATURE LOS MED. STAFF SIGNED ATTENDING MED. STAFF PHYS. [])
	22c. PAYSICIAN'S NAME (Type) JOSEPH MICELI M.O. 22d. ADDRESS D. Jaylor Reve Baltozi Le	ia
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) NOV. 25-60 BOHEMIA NATL. CEM. BALTIMORE MD.	
24.	my G. Connelly 418 Eastern Blod Belto 21 mg DATE NOV 2 8 '60 acting & Hours	



FOR STATE HEALTH DEPT.

TO DEP AEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any control is necessary please execute rise certificate, writing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the river of director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buring frontil permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remarked on the organism of the death.

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12379

							Keg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (sed lived. If institution b. COUNT		ce before odn	nission)
h CITY OR TOWN				Mary]			Balt	imore	
and give /sociati-town	d outside corporete limits, write de River (20)	c. LENGTH OF STAY IN 16	54 Midd	le Riv	porote limits, write er (20)	RURAL and g	jive neorest to	own)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS					RESIDENCE
	ower Lane,			13 Sunflo	wer La	ne, Trai	ler Vil	lla Pes [NO T
3; NAME OF DECEASED (Type or print)	Chaunc		Middle ch Waitt	Lost	4. DATE OF DEATH	Novem		/	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D T NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years	IF UNDER 11	EAR IF UND	DER 24 HRS.
Male	White	WIDOWED		Jan. 31, 19		lost birthday) 56 yrs.	Months Do	oys Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work on the life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	e or loreign o	country)	12. CITIZE	N OF WHAT	COUNTRY?
Brick	layer	Co	onstruction	Penna.				USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Evere	tt.F. Waitt	,		Unknow	n				
15. WAS DECEASED EN	YER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. N	NFORMANT		Address			
No	(ii)as fine was at one of a		270-01-6461	Gladys Waitt		Same			
THE RESERVE THE PROPERTY OF THE PARTY OF THE	TH [Enter only one cou	se per line	for (o), (b), and (c).]	n, (1)	~	71		INTERVAL BETWO	VEEN ATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		100/1NG=	RV. To	nu	las o	nea		
1976	DUE TO		0 0	0					
Conditions, if	iny, which) (b)	1	38 Cul	(1/1Sto2					
gave rise to imme	diate couse	<	30	V					
(a), sloting the couse lost.	underlying (c)								
Z PART II. OT			INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART 1	(o) 19. WAS	AUTOPSY
OTA /								YES [NO NO
PART II. OT	USE WAS NTRIBUTING 20	Short	SILF I	inter noture of injury in P	KU A	and the same of			,
20c. TIME OF INJU	RY Month, Doy, Yes	20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, formally, street, office bldg., etc.	m. 201. 1Gil	y or town)	(Count	(Y) D	(Slote)
1 4 2 6 M	11-12 19	O of wo	rk ot work	foure	///	19 ALL 1	WEK-	WAR	tuma
21. I certify t	hat I took charge	of the r	emains described aba	ve, held an Autap	sy []. I	nspection 🖸	Inquiry	ar	nd in my
opinion death	resulted fram:	Natural c	auses . Accident	, Suicide ,	Homicide	, Undele	ermined mo	onner 🔲	
ACTUAL	m/3)	2	44. 6					DATE	SIGNED
SIGNATURE	1 1 d K		vis	_M.D. CHIEF MEDICAL E	_			. /	
EXAMINER'S NAME (Type)	M.B.D	AVI	s m.	ASSISTANT MEDICAL			11/4	3/6	0.
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY OR	CREMATORY	27d. LOCA	TION (City, town,	or county)	(Sto	te)
Cremation	11/25/6	50	Greenmount (Cemetery	Pa.	lto., Md.			
23. FUNERAL DIRECTO		alnos	Le ADDRESS	240. REC	D BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	IATURE	
James E.		1407	Eastern Ave.	DATE N	OV 28'	60	Alma g 1	-	
							XXXXXX Z	CLAULE	

LY ATTOMICAL EXAMINER IS CERTIFICATE OF DEATH Stephen Library Committee The state of the s THE REAL PROPERTY.

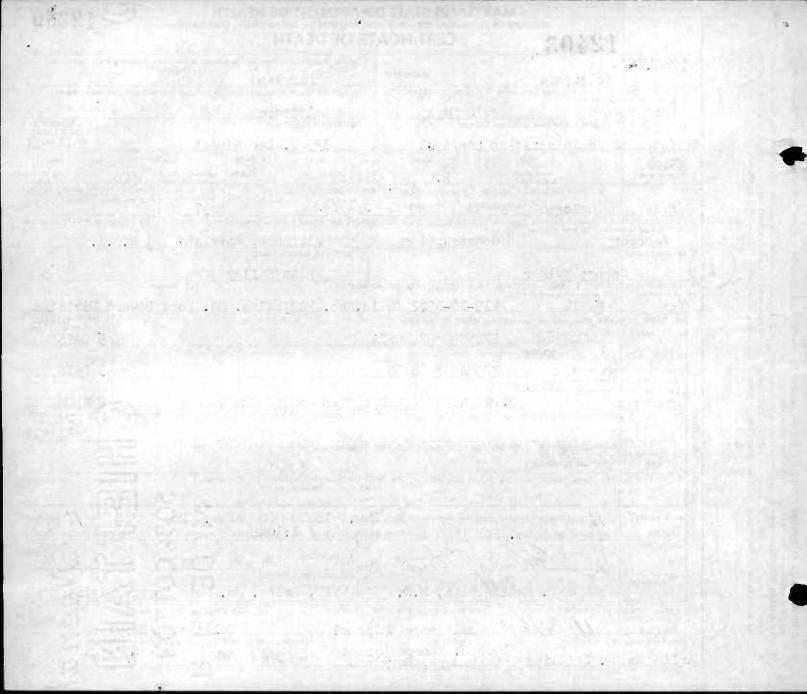
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 19/09

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		-			

10000

_		6411									•
1.	PLACE OF DEATH o. COUNTY	D-144	V	MARY		USUAL RESIDENCE (The second	d lived. If institution b. COUNTY	on: Residence	before adm	ission)
_		Baltimore f outside corporate limit	e write	c. LENGTH OF STAY		Mary		finite voite D	LIDAL and als	in negreet to	lawal
	RURAL ond give ne		s, write	C. LENGIH OF SIAT	IN ID	c. CITY OR TOWN (I	ir outside corpo	rore limits, write k	J A DIO GIV	e nearest to	wn)
	Fort Howa			10 Days		Baltin		2	V		
	OR INSTITUTION	AL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
	Veterans	Administra	tion	Hospital		133 W.	Lee St	reet		YES	□ NO I
3.	NAME OF DECEASED (Type or print)	Firs JAME		Middle H.	WAL	Lost KER	4. DATE OF DEATH	Mon NOVEMBE		Day	Yeor 19 60
S.	SEX			RIED NEVER MARRI	ECKIX) 8. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		_
	Male	Colored	WIDOW	ED DIVORCE	0 3	/17/23	-	37 yrs.	Months D	Poys Hau	rs Min.
10	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign c	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
	Laborer	ing life, even if retired)		onstruction	1	Ralt.im	ore. Ma	busland	U.S	Α.	
13	FATHER'S NAME			0110 01 00 010		4. MOTHER'S MAIDEN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0.0	0.22.0	-
	Gar	orge Walker				T++a	Bailev				
1s		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INFO		Darrel	Add	ress		
(Y	Yes	(If yes, give war or dates of se		15-16-5972	Clin	.Rec. VAH,	Balto.	Md. Fort	Howar	d Div	ision
		TH [Enter only one con		ne for (o), (b), and (c).	}					INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	В	RONCHOPNEU	MONIA					5 DA	
	Conditions, if a	X KOEXEX	ינו	DEMA OF LUI	NGS					3 DA	YS
	gove rise to it	mmediate (VICIEUX									
	lying couse lost.	rile onder		ERTROPHY AL	ND DIL	ATTON OF T	HE HEAF	श्र		HMKM	CHIN
ATION	PART II. OTH	HER SIGNIFICANT CON							EN IN PART I	1(o) 19. WA	
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury	in Port I or Por	t II of item 1B.}			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED Not while	20e. PLACE foctor	OF INJURY (Home, for, street, affice bldg.,	orm, 20f. (City	or town)	(Co	unty)	(Stote)
		t // (this hospital									
	saw the deceas	sed alive an Nov	e. 2	6 19_60, and	that dea	th accurred attain	TUM-Tram	the causes an	d an the	date stat	ed abave. 22b.DATE
	220. SIGNATURE	Ten Gi	Ins	Matin	mino	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		11/	signed 26/60
	22c. PHYSICIAN S NAME (Type)	GEORGE C. M	CELE	ATRICK, M.I	0.	VAH, Ba	lto. Md	l. Fort H	oward	Divis:	ion
23	o. BURIAL, CREMATIO REMOVAL (Specify) Burial	1 - 1	50	23c. NAME OF CEM				TION (City, town,			itote)
24	FUNERAL DIRECTOR			ADDRESS			EC'D BY REGIS		STRAR'S SIGN		7 7 7
1	Irlington S	. Phillips	180 B		e Str		DEG 1 "	60	J. w & 1	Kenre	



TO HOS

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMEN	T OF	HEALTH
		**** *****		

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12381

	12404		CERTIFIC	CATE	OF DEATH	Н					
1. PLACE OF DEATH o. COUNTY	T-0-11-1				USUAL RESIDENCE (V	Where deceased			ence befo	ore admis	sion)
Balt	imore .		MARYLA	ND	Maryland		b. COUNT			- 4	
b. CITY OR TOWN (If RURAL and give nea	outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f autside corpoi	rote limits, write	RURAL one	give ne	arest tow	n)
*	erville		24 days		Baltimor	'e		3 V	01	- 4	1
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	give street	address)		d. STREET ADDRESS		The second			e. IS RES	SIDENCE A FARM?
	lege Manor	Nurs	ing Home		Cambridge	e Arms	Apts.				NO [
3. NAME OF DECEASED	Fi		Middle	7-10	Lost	4. DATE	Ma	nth	Do	Jy .	Yeor
(Type or print)	Geor	ge Fr	ank Ward			OF DEATH	11	ovemb	er 1	6.	19 6
5. SEX		7	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDE	R 1 YEAR	IF UND	ER 24 HRS
Male	White	WIDOW	ED DIVORCED	0 Oc	tober 9,18	74	86 yrs		Days	Hours	Min.
0a. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR					12. CI	TIZEN O	F WHAT (COUNTRY
during most of working)	Retired		A	77:					
3. FATHER'S NAME	GHAIRG		recired	1.	AGCOMA C	NAME	nia				
Goorno Fr	Land Wand										
George Fr	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT DOCTY		Sunset	dress .			
(Yes, no, or unknown) (If	yes, give war or dates of s	ervice)		AT					-		
TIP CAUSE OF PEAT	M (Catan palu ann as	1	None ne far (a), (b), and (c).	Nath	aniel M. W	ard ure	ensboro	Nor		ERVAL BE	
	WAS CAUSED BY:	ose per ii	(c), (d), (d), and (c).			5-14 Tu	-		ON	SET AND	DEATH
10-	IMMEDIATE CAUSE (c		my all al	ren	una st	3 -4 42	()				
100	DUE TO		17 -		11 27 27					3 41	P
Conditions, if on		1 7	relastases			Marie				10	
couse (o), stoting th											
lying couse lost.) (c	1							1_		
PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER.	MINAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(o)	9. WAS PERFO	AUTOPSY DRMED?
3										YES [NO D
OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury i	n Part 1 or Part	II of item 1B.)				
	REDICAL EXAMINER)		4				1779				
20c. TIME OF INJURY Hour o. m.	Month, Day, Ye			De. PLACE	OF INJURY (Home, fo	erm, 20f. (City	or town)		(County)		(Stote
¥ p. m.	19	While of wor	Not while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		, ,				
21. I certify that	(I) (this hospito) attend	ded the deceosed fr	om G	6/4/ 1	9, to	11/16/6	() 10	+1-	nat (I) ((wa) las
saw the decease		15 7/6	,	//	h occurred at//3	-3	/ 6				
220. SIGNATURE			1//	idi dedi	TOCCOTTEG GIVE	22(111, 11 0111	me causes o	na on n	ie doie		b. DATE
1	Manna	mil	Merr	M.D.		MED. DIRECTOR	STAFF PHYS.		11	117/	SIGNE
22c. PHYSICIAN'S	anus	7	000		22d. ADDRESS	DIRECTOR EJ	11113: 🔄		-47	4/10	20-
NAME (Type)	Dr. Franci	is W.	Gluck		100 Wes	st Univ	ersity I	arkw	av		
23a. BURIAL, CREMATION	23b. DATE THEREC)F	23c. NAME OF CEMETE	RY OP CP			ION (City, town,			(Stot	10)
REMOVAL (Specify)				Sping .				111521			(0)
Burial 24. FUNERAL DIRECTOR'S	November	18,	1960 Druid	Ride	250 05	C'D BY REGIST	ikesvill	ISTRAR'S S	CNAT	and	
							200,	ISIKAK S S	MANU	RE	
John U. Mit	cuerr & Sc	ns,	Inc. 1900 Eu	taw I	Lace DATE	ON 1 8 160	0	11 - 9	4	4	

PART OF STADINGS AND ADARS I AND HOLE, OF THE SECTION OF THE SECTION OF THE SECTION Charles the Charles the Little Charles and

	124(15) CERTIFICA	AIE OF DEATH	Reg. Dist	. No.
	ACE OF DEATH COUNTY BAITS MARYLAND	2. USUAL RESIDENCE (Where do. STATE	eceased lived. If institution: Residence b. COUNTY RA	before admission)
b.	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside	corporate limits, write RURAL and gi	ve nearest town)
	OGERS FORGE 94RS.	ROGERS F	ORGE X	
d.	NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION BELEN ARGYLE RD.	d. STREET ADDRESS	ARGYLEIR	P. IS RESIDENCE ON A FARM? YES NO
D	AME OF First Robert Middle ROBERT	11.1.1.	PATE Manth OF THE	25 1960
SE	ALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH FFB. 22,1883	1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
7	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUduring most of working life, even if retired) **REET CAR OPERATOR-BALTO-TRANS**		reign country) 12.CITIZ	EN OF WHAT COUNTRY?
F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	KOBERT WARD	DOLLIE	ROMOSER	
es.	no, or unknown) (If yes, give war or dates of service)	NFORMANT	Address	- /
T,	NO - 213-10-2680 Ru	TH HARBST	REET 1814 VI	STA LANE
1	B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	T1. 1.	,	INTERVAL BETWEEN ONSET AND DEATH
١	IMMEDIATE CAUSE (o)	rasy Throulou	*	1 day
	DUE TO ASCUD	A STATE OF THE STA		years
ı	gove rise to immediate	RONARY HEMORRA	+ A GE	1 my
	lying couse last.	19/00/11/19/		gener
H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
ı				PERFORMED?
- 19	20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I	or Port II of item 1B.)	
2	Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. PL While Not while for work of work of work	ACE OF INJURY (Hame, farm, 20 ctory, street, office bldg., etc.)	f. (City or town) (Co	ounty) (State)
2	21. I certify that I attended the deceased fram. Quine	1959 to 2	90 , 1966, that I las	t saw the deceaser
1		0.61	fram the causes and an the	
			ESS (Street, city or town, state)	DATE SIGNED
S	ACTUAL Henry It Buch	M.D. 60/2 Harfred	Road Batti	14, hy 11/26/6
F	PHYSICIAN'S GEORGE H. BIECH IND.	Gon HANFOR	P NOAP BALT	1,18, mo 11/24/
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CRICKLY OF CEMETERY OF CEMET	R CREMATORY 22d.	LOCATION (City, town, or county)	M P.
. Fl	UNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECYP/BY	REGISTRAR 24b. REGISTRAR'S SIGI	
3.	W. Hollmann 3218 HUDSON ST.	(24) DATE	anther 8. 1	Trans

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VS A15 (4) 15M 9/5B

rs after death. Page 4

PARO TO STADRIDES \$21.70 C.F REEKS FORGE 91KS KISEKS JOINS HA TIEN AND LEE RE HE STEEL SHEET RE TO MELLENT TRANSPORT MELLENT MALE MAKE SOME SEED FEB 23 1878 AND 37/20 THE FEE FEE DEFENDED LIBERTY TO THE WATER AND THE STATE OF THE STATE O ROBERT WHRD DOLLIE RUNGSER NO THE STATE MATTER HORSETT SEET WITH LAND ENERGY - 11/20/14/0 F/K 8000 EN TO MESTER SWEET SWEET

15M 9/58

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PERSONAL PROPERTY OF THE OF DESIGNATION . . . The state of the s BALL SA DING TO SAN THE ting the party was presented to the party of The property of the front of the second of t the state of the s

CERTIFICATE OF DEATH

12384

			Keg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Residence and b. COUNTY	ce befare admission)
b. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carporate limits, write RURAL and g	ive nearest tawn)
Catonsvile	5 months	Baltimore		V 01-
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	SPITAL	34 Oaklee	Village	YES NO
3. NAME OF First DECEASED (Type or print) Henry	Middle Russell	lost Weber	4. DATE Month OF DEATH November	Day Year 23 1960
	RIED NEVER MARRIED	B. DATE OF BIRTH	Movemmen	1 YEAR IF UNDER 24 HRS.
male white widow				Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) pipe fitter		STRY 11. BIRTHPLACE (Stote o	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Unkhown OTTO	Weber	Unknew n	SARAH E L	ewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes. no. or unknown) (If yes, give wor or dates of service)	unknown R	ecords: SPRIN	G GROVE STATE H	OSPITAL
18. CAUSE OF DEATH [Enter only one cause per I				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bilateral pve	lonephritis an	nd azotemia	1 month
DUE TO	5,0			2 11011011
Conditions, if any, which 1	Hemorrhagic u	rinary cystiti	is	1-plus mont
gove rise to immediate (b)	110111121111111111111111111111111111111	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		T-bino
lying cause last.	Carcinoma of	Prostate		?
PART II. OTHER SIGNIFICANT CONDITIONS			IAL DISEASE CONDITION GIVEN IN PART	160 19. WAS AUTOPSY
Arteriosclerotic Heart	Dis with Infar	ctive cardiac	fibrosis and cardi	PERFORMED?
	CRIBE HOW INJURY OCCURRE		ettio uz, j	THE TES MA NO []
20c. TIME OF INJURY Manth, Day, Year 20d. 1 Haur a.m., 19 While of wa	Not while for	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)		aunty) (State)
21. I certify that I attended the decea	sed from Nov.	1 1960 to 1	Nov. 23 , 19 60, that I le	ast care the deceased
		accurred at 5.55 P	M, fram the causes and an th	asi saw the deceased
0 1001	, and mar deam		DORESS (Street, city or town, state)	DATE SIGNED
SIGNATURE OSE K. CLUZE	nga	M.D. SPRING	GROVE STATE HOSP.	
PHYSICIAN'S JOSE R. ARI	ZAGA, M.D.	Catonsvi	lle 28, Maryland	
PROBUBIAL CREMATION 226. DATE THEREOF	22c. NAME OF CEMETRES	CREMATORY :	22d. LOCATION (City, toyn, or count)	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS,	240. RECID	BY REGISTRAR 24b. REGISTRAR'S SIG	

may be relained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, TO HOS

VS A15 (4) 15M 10/57

rs after death: Page 4

	TE OF DEATH	ADMINISTO -	1-1
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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D. PLACE OF DEATH OF COUNTY Baltim			MARYL	AND	usual RESIDENCE a. STATE Maryland		b. COUNTY		L	
b. CITY OR TOWN RURAL and give r	(If outside corporate limi learest tawa) IOWAITA, Md.	ts, write	50 Days	N 1b	Baltimore	(If outside corp	orote limits, write R	URAL ond gi	ve nearest tow	(n) - }
OR INSTITUTION	TAL (If not in hospital, g		Section 1		d. STREET ADDRESS 5033 Pemb		Avenue (15)	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir LOU	st	Middle	WE	Lost INBERG	4. DATE OF DEATH	Novemb		Doy 18	Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	В. С	ATE OF BIRTH		9. AGE (In years		YEAR IF UND	
Male	White	WIDOWE			anuary 15	,1895	lost birthdoy) 65 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATE during most of wor	ON (Give kind af work rking life, even if retired)	KIND OF BUSINESS OR				country)		EN OF WHAT	COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME	I August VIII	,		100
Abraham W	leinberg				Zilda M	N: Unkn	own			
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s WW I	ervice)	social security no. 16-01-3467	17. INFO			ordsVAH, B		re 18,	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PERIVESICAL ABSCESS WITH EXTENSION INTO THE									
605 Conditions, if	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X WAL	L OF ABDOME			H 31HT T	EART			EEKS KNOWN
gave rise to	gave rise to immediate couse (a), stating the under-									
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OLD CEREBRAL INFARCT RIGHT HEMISPHERE									
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)									
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While	Not while at work	20e. PLACE foctory	OF INJURY (Home, f y, street, office bldg.,	form, 20f. (Cit	y or tawn)	(Cc	ounty)	(Stote
21. I certify the	at (this haspital) attend	ed the deceased to 19 60, and	fram that dea	September	1960 , .ta _	November	1960 d an the	2, that K) date state	(we) las d abave
220. SIGNATURE	M.D. ATTENDING MED. STAFF SIGNED STAFF SIGNED SIGNED STAFF SIGNED SIGNED STAFF SIGNED SIG									
22c. PHYSICIAN'S NAME (Type) FREDERIC	K S. DONALI	SON,	M.D.		VAH, BALT	I'IMORE	18 MD.,FT	.HOWAI	RVIO OIVI	SION
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 236. DATE THERECO		23c. NAME OF CEME				timore, N	farvla	nd	ole)
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		25a. R	EC'D BY REGIS	STRAR 25b. REGI	STRAR'S SIG	NATURE	1/1
Jack Lewis	Tnc. 2100	Ente	w Place Ra	to Me	DATE	NOV 21	1 '60	arthur 2	8. Thank	

TO HOS. I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are death. Page a may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, crematian, or removal, and in any event, within 27 hours after death. VR A1S (4) 15M 9/59

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

rs after death. Page 4

) 1.	PLACE OF DEATH a. COUNTY Baltimore			MARY		o. STATE Maryl	ence (Wh	ere deceased	lived. If instituti b. COUNTY		ice befor	re odmissi	on)
	RURAL ond give ned	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)			IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	d. NAME OF HOSPITAL (If not in hospital, give street address)			36 Day	S	Baltin				30)		- IC DECI	DENICE
	OR INSTITUTION					d. STREET AD			-	3.00			FARM?
L	Veterans I	Administra	tion	Hospital		Barne	y Str	eet &	Patapsco	Ave		YES 🗌	NO 🔀
3.	NAME OF DECEASED (Type or print)	JOSEPH Fire	st	Middle		WEISH		4. DATE OF DEATH	Novem	aber 1	Do:	,	ear 9 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED 75K 8	DATE OF BIRTH		9	. AGE (In years			IF UNDE	
	Male	White	WIDOW	the second secon		rch 18,	0 1		66 yrs.	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTI	Y 11. BIRTHPLA	CE (Stote	or foreign cau	intry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	Engineer	ng iire, even it retired	,	Railroad		Mary	land			U	. S.	A.	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1	Michael Wei	lsh				Cather	ine G	HII					
15		IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INF	DRMANT	N.B		Add	ress			
L	Yes	WW I	ervice		Clin	ical Re	cords	,VAH,B	alto.18	Md.F	r.HO	WARD	DIV.
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ine for (a), (b), and (c).]					-	INTE	ERVAL 8E	WEEN
1	PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL BRONCHOPNEUMONIA ONSET AND DEATH WEEK											
	1 9	IMMEDIATE CAUSE (d								7. 14		***************************************	
	Candidiana	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
K	gove rise to im	Conditions, if any, which (b) SQUAMOUS CARCINOMA OF RIGHT LUNG WITH METASTASES 1 YEAR gove rise to immediate CONTROL TO THE MEDIASTINAL LYMPH NODES BOTH KIDNEYS AND											
	coose (o), sidning i	he under-		THE MEDIAS	TINAL	LYMPH	NODES	, BOTH	KIDNEY	s and			
,	lying couse lost.) (c											
VOITA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?												
		PROPHY AND	DIL	ATATION OF	THE H	EART.			ORDER LINE			YES 3	NO 🗌
CEPTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY O	CCURRED.	(Enter noture af	injury in I	Part I ar Port	II of item 18.)				
4	20c. TIME OF INJURY	Month, Doy, Ye	or 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (H	lome, farm	20f. (City o	or town)	- (County)		(Stote)
MEDICAL	Haur o.m.	19	While	Not while_	facta	ry, street, affice	bldg., etc.	.)			,,,		
×				rk ot work		1.2 2	0 (0 27-	1	77 (^		
	21. I certify that	(this haspital) atten	ded the deceased			35. 19		vember				
		ed alive on Nov	• + (1960 , and	that de	ath accurred	at_A_	M, fram t	he causes a	nd an th	e date		
	220. SIGNATURE	. 1 01	1	11		ATTENDING	- MI		STAFF			226	SIGNED
	(freate	26 July	1	allen	М.	D. PHYS.		RECTOR -	PHYS. XX			11	/17/6
	22c. PHYSICIAN'S NAME (Type)	-				22d. ADDRE	SS						
L	FREDERICK	S. DONALDS	ON, 1	M.D.		VAH, BA	OMITI	RE 18,	MD.FOR	T HOW	ARD	DIVI	SION
23	a. BURIAL, CREMATION	V. 23b. DATE THEREC)F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCATI	ON (City, town,	or county)		(Stote	
	REMOVAL (Specify) Burial	11-31-	- 6	Baltimor	e Nat	ional	E E	Ba.	Ltimore			Man	yland
2	I. FUNERAL DIRECTOR'S	SIGNATURE	OT.	ADDRESS			25a. REC'	D 8Y REGISTR	AR 25b. REG	STRAR'S SI	GNATU	RE	
	Tomas I. Me	Cully 2	37 Ps	atapsco Bal	to.Md		DATE NO	W 2 1 '6(** 0	4		

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH a. COUNTY g. STATE b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) 6 Baltimore Fort Howard d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO THE 8100 Philadelphia Road Vetarans Administration Hospital NAME OF DATE First Middle Manth Day Year DECEASED DEATH November 29 19 60 (Type or print) WHITE CLAUDE E. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH last birthday) Manths Days Haurs DIVORCED T WIDOWED-Male 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Department U. S. A. Rushville, Missouri Night Watchman County Sanitation 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Queen Louden Benjamin E. White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clinical Records Yes VAH Baltimore 18. Maryland FORT HOWARD DIVISION CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN FTRROCASEOUS TUBERCULOSIS OF THE LUNGS IMMEDIATE CAUSE (a) XONUNCX 2 DAYS EDEMA OF THE LUNGS Canditians, if any which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d INTURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. Nat while at wark at work 0160 to November 29, 160, that the (we) last 21. I certify tha XX (this haspital) attended the deceased fram November 17 ...1960. , and that death accurred at _A. M, fram the causes and an the date stated above. saw the deceased alive an Nov-22a. SIGNATURI SIGNED ATTENDING PHYS. STAFF PHYS. 29/60 M.D. DIRECTOR [226. PHYSICIAN'S 22d. ADDRESS NAME (Type VAH. BALTIMORE 18, MD. FT. HOWARD DIVISION FREDERICK S. DONALDSON, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Baltimore Maryland Baltimore National 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR Chillian S. Frank DATENOV 3 0 '60 Wm. Cook-Blight Inc. 6009 Harford Rd., Balto. 14

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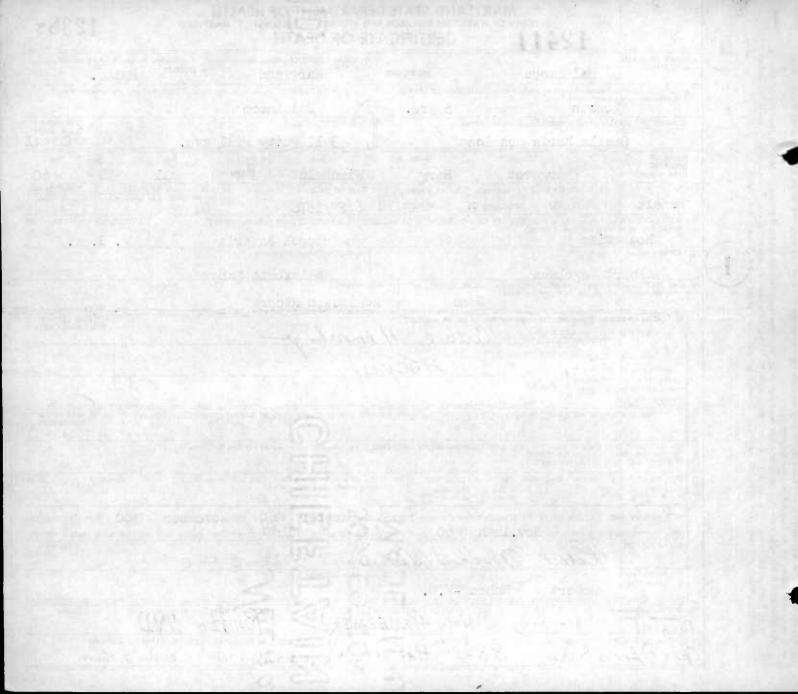
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLANE		USUAL RESIDENCE (ived. If instituti b. COUNTY	on: Residence t			
RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON 5 yrs.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
OR INSTITUTION				1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
3	tella Maris	nosp.	1Ce		3012 Pu	tty Hill	. Ave.		YES NO		
3. NAME OF DECEASED (Type or print)	Margar		Mary	W	ienhold	4. DATE OF DEATH	Mon	_	Day Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED	1	TE OF BIRTH 8/28/1876	9	AGE (In years lost birthday)	Months Do	EAR IF UNDER 24 HRS		
Hous	TION (Give kind of work or orking life, even if retired ewife	dane 10b.	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Sto	ote or foreign cou	ntry)	12. CITIZEN	S. A.		
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	N NAME					
	rt Engelman	CES? 16.	SOCIAL SECURITY NO. 17	INFOR	Eliza	beth McF	OW	ress			
(Yes, no. or unknown)	(If yes, give war or dates of s		None	Adm	ission Re	cord					
Conditions, if gove rise to couse (o), stotin lying couse los	immediate ag the <u>under-</u> t. DUE TO		A5CI	LAD.	morrage						
ICATI			CONTRIBUTING TO DEATH B		=1(C3)1			EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	WAS UNDERLYING GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter nature af injury	in Part I ar Part I	I af item 18.)				
20c. TIME OF INJU Hour o. m p. m	10	While of wor	Not while		OF INJURY (Hame, fo street, office bldg.,		r town)	(Caur	nty) (State		
21. I certify the sow the dece 22a. SIGNATURE	nat (I) (this hospital	v.lu	led the deceased from	nSe t death	ptember.	1960 , to N	ovember	d an the d	that (I) (we) last ate stated above. 22b. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type)		Mal	non -M.D.	+ M.D.	PHYS. 22d. ADDRESS	DIRECTOR [PHYS.				
23a. BURIAL, CREMAT REMOVAL (Specif	11-17-		1	OR CRE		23d POCATIO	City, town,	or county)	(Stote)		
Chas. F. EVI	or's signature	8	802 HART	Bed	RI, DATE	NOV 1 7 '60		STRAR'S SIGNA			

moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 2 hours ofter death. rs after death. Page 4 A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

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VR A15 (4) 15M 9/59



FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARYLAND 12389

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution: R	esidence before edmission)
	Baltimore County MARYLAND	STATE Maryland b. COUNTY Ba	ltimore
1	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
1	Cockeysville 30 yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Cockeysville	I e. IS RESIDENCE
	York Road	York Road Cockeysville	ON A FARM?
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
3	(Type or print) Joseph Marvey	Wilhelm DEATH 11	14 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers If UNDER 1 last birthday) Months I	
	Male White WIDOWED DIVORCED	3-14-1891 69 yrs. 1000000	Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		ZEN OF WHAT COUNTRY?
	Auto Mechanic Tool Mfg.	,	U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	David F. Wilhelm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Ida H. Hampshire	
	(Yes, no, or unkown) (Ifyes give we rordetes of service)		
	Yes W.W. I 216-07-595 H	arry Wilhelm Wilmar Place	The second secon
	PART I. DEATH WAS CAUSED BY:	and the	CHEET AND DEATH
	IMMEDIATE CAUSE (6)	ry Occlusion	Oudden
	DUE TO		
	Conditions, if eny, which geve rise to immediate cause		
4	(e), stelling the underlying DUE TO		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	0		PERFORMED?
		inter nature of injury in Part I or Part II of item 18.)	TIES LI NO LOS
		CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Cour	nty) (Stete)
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural causes Accident , Suic		
V	ACTUAL BY HOST	CHIEF MEDICAL EXAMINER	2000 0101102
	SIGNATURE CALLS Chemical	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Charles F.O. Danke	Address (Street, city, town, or county)	1/14/10
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country)	/ / (Stete)
	Burial 11-16-60 Forest Bar	tist Parkton, Mary	land
1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SI	
7	Brooks Funeral Service Towson,	Md On DATE NOV 1 6'60	v .
1		DATE NOV 1 6 '60 Cuthy !	J. Company

Saryland - to Halpinore ENTRED COURTER 80 953 Novi Reed Gookeysville a at the second of the second ale . Wille was elife. a gas to the tall - E. Ida H. Sempanics wienin . a miveu Lavey Wilnelm Wilson Pl de, Cockeyevill 1850-Y0-3197 I .X.X 591 The state of the s STREET CONTRACTOR during di-te-60 cordst Canality Parkton, Maryland Repols | Uneral Scriptos | Vowson, without state | Single Fig.

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	10110	CERTIFIC	CAIL OF BLAIF		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	O STATE BES		titution: Residence before admission) NTY Baltimore
b. CITY OR TOWN RURAL and give Cato	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If o		ite RURAL ond give nearest town)
d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital, give street Briarwood I		d. STREET ADDRESS 1 Briar	wood Ra	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James First	Middle Willi	amson	OF	Month Day Yeor 160
5. SEX M	7.7	ARRIED TO NEVER MARRIED TO NEVER DIVORCED		908 9. AGE (In ye lost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HI oy) yrs. Months Days Hours Min
during most of wo	TION (Give kind of work done 10 orking life, even if retired) CO MST.	b. KIND OF BUSINESS OR IN Concrete	DUSTRY 11. BIRTHPLACE (Stole Penna.	or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	Prace 6	William on	14. MOTHER'S MAIDEN N Margare	A VI.	
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Mrs. James		Address umson Catons, Mo
	EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	on throng	525	INTERVAL BETWEEN
Conditions, if gove rise to couse (o), stating	immediate DUE TO	Arterio	secretic Cu	Ŋ	linBruren
CATIC	, (c)	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	nal disease condition	I GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. D G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in f	ort I or Part II of item 1B.	.)
Y 20c. TIME OF INJU	Nh Wh		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	20f. (City or town)	(County) (Sto
21. I certify to alive an	that I attended the dece				that I last saw the deceas and an the date stated above DATE SIGN
PHYSICIAN'S NAME (Type)	OJ J	NO LAN	_M.D. 7/01 eus w	200 1 xc 1	11/23/1
220. BURIAL, CREMATI REMOVAL (Specifi Burial	Nov.24.196		OR CREMATORY National	22d. LOCATION (City, too	re. Md.
23. FUNERAL DIRECTO		ADDRESS	n are NO		Cithur S. Hama

Farley- Cavanaugh F. H. Catonsville Md.

urs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. 1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSE

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

HEALTH DEL TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and it are event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 394

1221; MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY PAITINGS MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY C. D. COUNTY 1. 0		
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 5724 180. Ave. o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)		
3. NAME OF DECEASED Minnie Hamilton Wilson Wilson Middle Minnie Hamilton Milson Minnie Hamilton Milson Middle Minnie Hamilton Minnie Hamilton Minnie Hamilton Minnie Hamilton Middle Minnie Hamilton Minnie Ham	Lest 4. DATE OF NO V. 23,1980 Year 19		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH APPIL 21,1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Deys Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, Eyen if retired) Home	Porchester Co, Md 12. CITZEN OF WHAT COUNTRY?		
James R. Thomas	14. MOTHER'S MAIDEN NAME Annie D. Keys		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) or unknown) ((fryesgivewarordatasofsarvica) none	Elino Giens , 5724 15619 Ashboure Ave		
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last. Conditions, if eny, which geve rise to immediate cause (c), stating the underlying cause last.	on . Strangulation ONSET AND DEATH ing food . Accident or related to the terminal disease condition given in Part 1(a) 19. Was autopsy yes no fill n		
Finally Of Contributing Choked on food while			
20c. TIME OF INJURY Month, Day, Year Hour 10th. Police 11-21-60 While Not While of work of work of work	ACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) Halethorpe Balco. Ind		
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes, Accident	eld an Autopsy, Inspection Inquiry, and in my opinion cide, Homicide, Undetermined manner		
EXAMINER'S NAME (Type) Geo. S. N. Kieffer M.D.	M.D. ASSISTANT MEDICAL EXAMINER TO 10 Leeds Ave DEPUTY MEDICAL EXAMINER Balto . Co . Md . 1123 ,1960		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O Burial 11/26/60 Green Lawn	Cemetery Cambridge, Maryland (Siele)		
Howard H. Hubbard 4107 Wilkens Av	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NOV 2 8 '60 Carling S. Harms		

THE CANADAMAN AND MAKE AND AND REAL PROPERTY OF THE PROPERTY O 88.0ff meral 11/co/do lesen cam consues locality of 11/co/do Howerd H. Lumberd 4207 Wilkens Ave. any the same

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12395 CERTIFICATE OF DEATH Rea. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND b. CIFY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) URAL and give nearest town) to NSOILLO 1011515 d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO and NAME OF Middle 4. DATE Lost Month Day Year filled DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost bushday) Months Days DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) ban p ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) nding CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) MID **DUE TO** Canditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury to Port I or Port IL of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) O. M While Nat while at work at work 21. I certify that I attended the deceased from 19.6. Othat I last saw the deceased and that death accurred at .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, store) DATE SIGNED ACTUAL D PHYSICIAN'S NAME (Type) FUNERAL 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page (Stote) EMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE NOV 1 8 '60 arily of there 15M 10/57

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			AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	
PLACE OF DEATH a. COUNTY	Baltimo re	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Caton sville c. LENGTH OF STAY IN 1b 2yr3mth16dys		c. LENGTH OF STAY IN 16 2yr3mth16dys		
	PITAL (If nat in haspital, give street		d. STREET ADDRESS	e. IS RESIDE ON A FA

Datotinia	MARTLAND	Maryla	and		
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	outside corporate limits, write RURAL and gi	ive nearest town)	
RURAL and give nearest town) Catonsville	2yr3mth16dys	Baltimon	e 3 V	619	
d. NAME OF HOSPITAL (If nat in haspital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	OSPITAL	3433 Old Fr	ederick Road	YES NO	
3. NAME OF First	Middle	Last	4. DATE Month	Day Year	
(Type or print) William	Robert	Wise	DEATH November 6,	19 60	
***************************************		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.	
male white WIDOWE		March 21,	1908 52 yrs. Months	Days Hours Min.	
10o. USUAL OCCUPATION (Give kind af work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?	
during most of working life, even if retired)	bakery	Mary land	U.	S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Charles S. Wise		Louise G	oodwin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
(Yes, no, or unknown) (If yes, give wor or dates of service)	Unknown R	ecords: SPRI	NG GROVE STATE H	OSPITAL	
18. CAUSE OF DEATH Enter only one couse per lin				INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary metastases with necrosis 5 mo					
Son Son	Squamous cell carcinoma of tongue				
gave rise to immediate	gave rise to immediate				
cause (o), stating the <u>under-</u> DUE TO					
, (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART	1/0) 10 WAS AUTOPSY	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBOTING TO DEATH BOT	THO RELATED TO THE TERMI	MAE DISEASE CONDITION ON EN IN TAKE	PERFORMED?	
20g. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Port 1 or Port II of item 18.)		
2	· ·	ACE OF INJURY (Home, farm tory, street, office bldg., etc.		ounty) (State)	
Hour o. m. While of world	INDI WHITE	rory, sireer, ornice blug., erc.			
21. I certify that (I) (this haspital) attended the deceased fram June 28 1960, to Nov. 6, 1960, that (I) (we) last					
saw the deceased alive anNov.	6 - 19 60 and that d	enth accurred LO A	M. from the causes and on the	date stated above.	
22a. SIGNATURE	0 0		in the cooses and on the	22b. DATE	
siella W	a clister	M.D. ATTENDING ME	ED. STAFF RECTOR PHYS.	SIGNED	
22c. PHYSICIAN'S NAME (Type)	IDALLELEA	22d. ADDRESS SPR	RING GROVE STATE	HOSPITAL	
SIELLA	VACHOLER	Get	on sville 28. Maryla	nd	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or county)	(Stote)	
Dunal nov. 8,1960	New CATA	hedral Cen	Balto. Mo		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	D BY REGISTRAR 256, REGISTRAR'S SIG		
F. Tours Solwal		DATE N	104 9 '60 arthur &	Tually	

DATE NOV 9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fired with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. may be retained by the haspital ar attending physician. VR A15 (4) 15M 9/59

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

urs after death. Page 4

G. TRUMAN SC

35/2 Frederick Ave. (29)

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31351 A CONTRACT OF THE RESIDENCE OF THE STREET, AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12418 CERTIFICATE OF DEATH 12397

	o. COUNTY Baltana A C MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	e befare odmissian)
ŀ	b. CIPT OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If gutside carporate limits, write RURAL and g	ive nearest town)
1	(IRAL and hive nearest town)	Colon 7 Kunnoch st.	runly
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE
0	House in Times	Catonsulle 28 ma	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CHARLES WISK	Last 4. DATE Month OF DEATH NOV 2	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s	YEAR IF UNDER 24 HRS.
1	Male White WIDOWED DIVORCED	nov. 19, 1865 95 yrs. Marins	Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during nost of working life, even if retired)		EN OF WHAT COUNTRY?
	Notired merchant	J Donopony	· S. W.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
/	Herman Wassen	Jennany	-//
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	012
	mi linky.	1. Jourse Welmmin	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	2 Mannamin Tenninal	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	E J: Nerrances o correcte	Jacops
	Conditions, if any, which) Cauliu Vaseul	av. Round soines Serville	10 grain
	gave rise to immediate DUS TO	by the particular that the	0
	lying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	CA		YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)	
	<u> </u>	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (Cartary, street, office bldg., etc.)	aunty) (State)
	Haur a. m. p. m. 19 While Nat while of work at work		
	21. I certify that (I) (this haspital) attended the deceased fram.	1715 166, 10 11 25 196	Othat (1) (we) last
	saw the deceased alive an 11/123 19 Cand that	death accurred atM, from the causes and on the	date stated above.
Ŋ	Ediot Wohnson	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Elaot W. Johnson	343 V Irednica au Bar	etimo 29 Ma
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONSTRUCTION OF CEMETER CONSTRUCTION OF CEMETERY CONSTRUC	OR CREMATORY 23d. LOCATION (City, town, or county) Bultimore	(State)
	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
0	Musian + Son 28	DATE NOV 2 9 '60 Circlan S.	Ferand

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STATE DEP TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 92 12414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. PLACE OF DEATH		2. USUAL RESIDENCE (When	7	tesidence before edmission)
1	Raltimore	MARYLAND	o. STATE MId	b. COUNTY	2011
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporete limits, write RURAL and	d give neerest lown)
	Towson	1 day	Rising	Sun1	RIVGL
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	Shoppard & Pratt			07X	YES NO
	3. NAME OF First	Middle	1// Last 4. DAT	E Month	Day Year
	(Type or print) Edward	Bennett	Wilson DEA	TH // -	14-1960
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
i.	Male white widows	D DIVORCED	3-10-1897	S yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUST	Λ	country) 12. CII	IZEN OF WHAT COUNTRY?
	Truck Farmer OL	on Farm	Cecileo, IV	10.	1.317,
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, ,	11
	Damuel D. Wil	Son	Mary 11	endenh	9//
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give wer or detes of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address D.	m
	No	12-30-1832 N	lrs. Bennetle	Wilson Mi	sing Sun
1	18. CAUSE OF DEATH [Enter only one cause per l	in 100 (a), (b), and (c)		~	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	15 phy	Lialon Cron	nStranguli	Ens
	DUE TO	1/2	11		
ы	Conditions, if eny, which (b)	C	rom Hang	ing	Sudden
	gave rise to immediate cause (e), stating the underlying				
	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1 (e) 19. WAS AUTOPSY PERFORMED?
	5				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	IBE HOW INJURY OCCURED.	Enter neture of Injury In Part I or Part	Il of item 1B.)	
			CE OF INJURY (Home, farm, 20f. (tory, street, office bldg., etc.)	(City or town) (Cou	nty) (Stete)
	Hour a.m. While all wor				
	21. I certify that I took charge of the rem	nains described above, h	eld an Autopsy Inspecti	on Inquiry ,	and in my opinion
	death resulted from Natural causes	Accident , Suid	ide Homicide .	Undetermined manner	
X	1/2/1 0-1	A	CHIEF MEDICAL EXAMINER		
	SIGNATURE CLASSICS TO	Dounel	M.D. ASSISTANT MEDICAL EXAM	MINER	DATE SIGNED
	EXAMINER'S A A 1	7.0	DEPUTY MEDICAL EXAMIN	ER /	11/
	NAME (Type) U/Jd VILS TU	DONNE	Address (Street, city, town,		114/60
ı	22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d. LO	CATION (City, lown, or country	(State)
1	Buriah 11-17-1960	Koseban	K Cem Ri	sing Ju	n, Md.
	23. FUNERAL DIRECTOR	M ADDRESS	240. REC'D BY REG	SISTRAR 246 REGISTRAR'S SI	
	Temen E.M. Mid	la King &	en nd DATE NOV 1 6	60 arthur &	Thank

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12419 CERTIFICATE OF DEATH 12398

a. CQUNTY	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
Baltimore	Maryland Ballimere
RURAL and give nearest town)	OF STAY IN 1b c. CITY Of TOWN (If outside corporate limits, write RURAL and give nearest town)
Owings Mills 14 da	
d. NAME OF HOSPITAL (tf not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 150 FREDERICK ROAD . IS RESIDENCE ON A FARM?
Rosewood State Training Scho	YES NO Z
NAME OF DECEASED (Type or print)	Middle Lost 4. DATE Month Day Year OF DEATH November 24, 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED TO R. DATE OF RIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
- 1 1 1 1 1	DIVORCED 6-30-60 lost birthday) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
None None	Maryland -BALTO U.S.A.
3. FATHER'S NAME Jack E Woodall	14. MOTHER'S MAIDEN NAME
	MI BETTY CONDSMITH
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUI	JRITY NO. 17. INFORMANT Address
(Ves. no, or unknown) (If yes, give war ar dates of service)	Institution records
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b),	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	DUTA COOK, MY DOWNSO
5 X DUE TO	D.
Conditions, if any, which gove rise to immediate (b)	were the same of t
couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO 🗆
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Hour a.m. While Not while of work of work	factory street office bldg atc \1
Hour a.m. P. m. 19 While Not while of work of work	iie
	ceased fram. 11-18-1860 to 11-24- 1960 that the (we) last
21. I certify that (this haspital) attended the dec	and that death occurred at 3.40 Å, from the causes and on the date stated above.
saw the deceased affive on H-2 H- 19/6	and that death occurred alough, from the causes and on the date stated above.
	SIGNER
220. SIGNATURE KORAL A AND A	ALLE ALTERDING MED STAFF
220. SIGNATURE Kelent, Joth of	M.D. PHYS. DIRECTOR PHYS.
	M.D. ATTENDING MED. STAFF PHYS. 11-2 7-10 22d. ADDRESS 12-2 7-10 22d. ADDRESS 12-2 7-10 22d. ADDRESS 12-2 7-10 22d. ADDRESS 12-2 7-10
22c. PHYSICIAN'S NAME (Type) Peter U. Riecke	22d. ADDRESS 4307 Main Lield One, Balto 14
220. SIGNATURE Whele of John S 22c. PHYSICIAN'S NAME (Type) Peter U Riecke 23c. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Peter U. Riecke	22d. ADDRESS 4307 Mainfield Ove, Balto 14 OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) SHEPHERIS ENLIGHT STATE PHYS. 23d. LOCATION (City, town, or county) (State) PHYS. P
22c. SIGNATURE Whele following the Color of	OF CEMETERY OR CREMATORY 23d. LOCATION (City. town, or county) 25d. REC'D, BY REGISTRAR'S SIGNATURE
22c. PHYSICIAN'S NAME (Type) Peter U. Riecke 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME 30. BURIAL (Specify) 30. RIFT 11-26-60 60	22d. ADDRESS 4307 Mainfield Ove, Balto 14 OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) SHEPHERIS ENLIGHT STATE PHYS. 23d. LOCATION (City, town, or county) (State) PHYS. P

Encepholocula, meninge -1 to word of the first of the 20.25 4307 Maintald Clas State 14 114 Pater C Rischert

To not the control of the hospital or ottending physician. To function by the hospital or ottending physician. To function by the hospital or ottending physician. To function and completely filled in by the function of completely filled in by the funeral directions and completely filled in by the funeral directions and completely filled in by the funeral directions page 3 should be detached for use or the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled the resistant prior to burial, cremation, or removal, and in one year within 72 hours often death.	rs arrer dearn.		by the funeral	12 should be fi	-
be retained by the hospital or ottending physician from the other death certificate be executed. NERAL DIRECTOR: After this certificate has been signed by the ottending physician and composition by the other physician of composition of compositi	MILLIN C	1	letely filled in &	s. Pages 1 and	
be retained by the hospital or attending physician. NERAL DIRECTOR: After this certificate has been signed by the ottending physical standard by the ottending physical standard by the ottending physical should be detached use as the buriol-transit permit. Then please remove a strong reprint to buriol, cremation or removal, and in onverent within 72 hours	ore be executed		cion ond comp	e carbon paper	s ofter death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12399 CERTIFICATE OF DEATH 2420 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY LTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) **BURAL** and give nearest town! LT IMORF d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE 2002 K ON A FARM? 2002 KERNAN YES NO TO NAME OF 4. DATE Year DECEASED DEATH NOVEMBER (Type or print) 19 60 S. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Days Hours WIDOWED [7] DIVORCED Dec. 18. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chef Schrieber Brothers Boston. Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ---- Zittrain Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mr. Lawrence Zittrain-2002 Kernan Drive Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH OF STOMACH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARCINOMA DUE TO Canditians, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO PE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur o. m. While Nat while at work at work p. m 21. I certify that, attended the deceased fram. 7. 19 60 that I last saw the deceased 19 60, and that death accurred at 5 300 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 29/60 Lorraine Park Cemetery Woodlawn. Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Kraus

